DOCUMENT RESUME

ED 029 099 VT 007 769

Report...to the Secretary of Health Education and Welfare.

National Citizens Advisory Committee on Vocational Rehabilitation (DHEW), Washington, D.C.

Pub Date 26 Jun 68

Note-117p.

Available from-Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402 (FS1.2:V85, $.75).

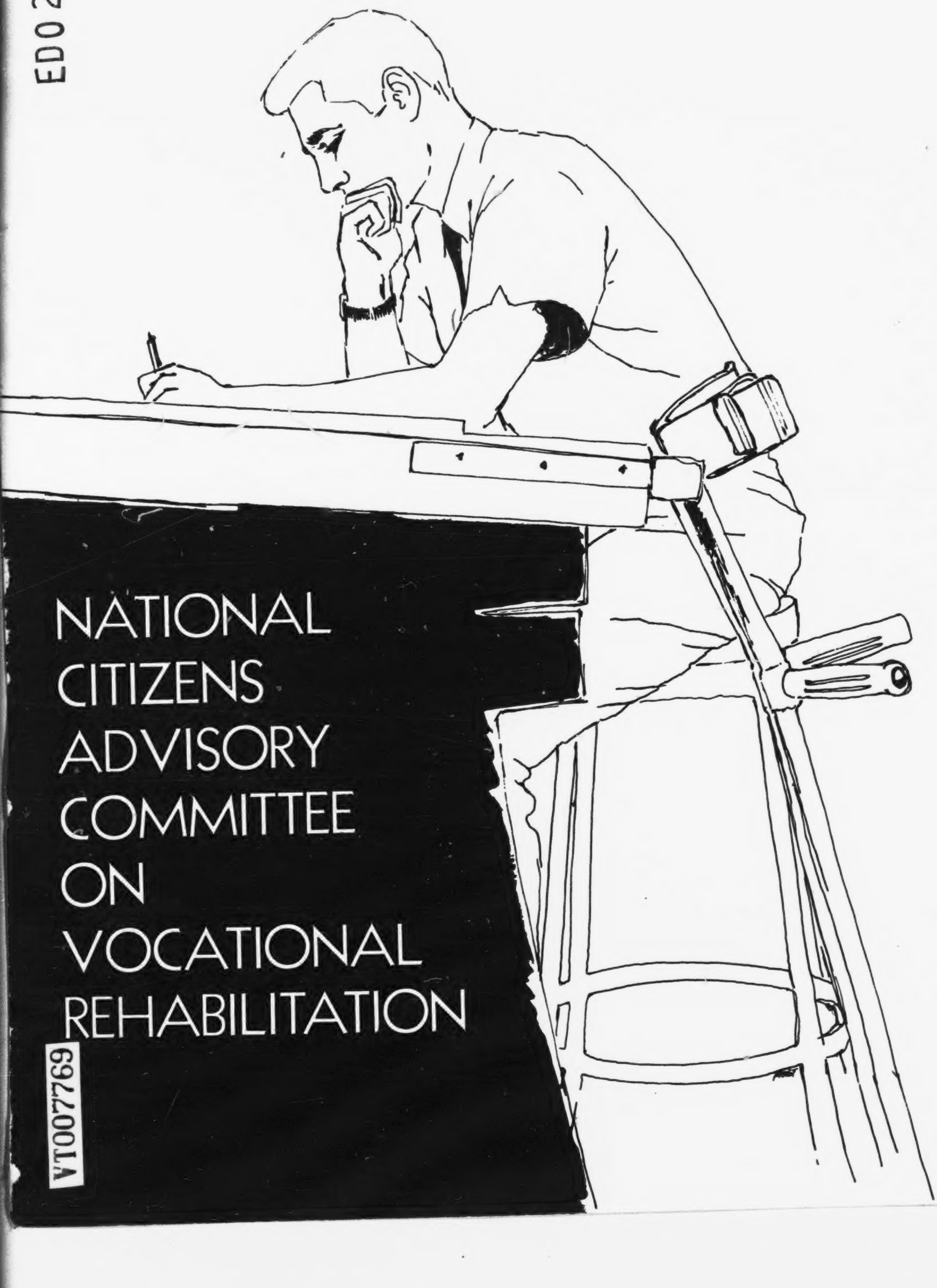
EDRS Price MF-$0.50 HC Not Available from EDRS.

Descriptors-Advisory Committees, Correctional Education, Federal Aid, *Handicapped, *Human Services, *Program Development, *Program Evaluation, Public Relations, Rehabilitation Centers, Rehabilitation Counseling, Rehabilitation Programs, Research, *Vocational Rehabilitation, Work Experience Programs

In 1965, the Committee on Appropriations of the House of Representatives provided for the establishment of a citizens advisory body to (1) make a comprehensive study of the vocational rehabilitation program and vocational rehabilitation needs, and (2) formulate goals and make specific recommendations for arriving at these goals. Among recommendations were: (1) increased federal funds and availability of funds through state rehabilitation agencies to develop programs under the auspices of other agencies, (2) encouragement of employers to set up on-the-job training programs, (3) cooperative involvement of management, labor, and government in developing approaches to employment of the handicapped, (4) preparation of more disabled persons for jobs in the distribution and service fields, (5) assurance that individuals on the workmen's compensation roles who need and can benefit from rehabilitation services receive them, (6) establishment of cooperative school rehabilitation programs, (7) provision of federal grants to correctional agencies for rehabilitation services, (8) decentralization of rehabilitation offices to provide services where people live, (9) increased employment of rehabilitation aides from neighborhoods where service is to be provided, and (10) extension of educational programs for personnel. (UK)

ED029099

C1



NATIONAL CITIZENS ADVISORY COMMITTEE ON VOCATIONAL REHABILITATION

VT007769

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
OFFICE OF EDUCATION

THIS DOCUMENT HAS BEEN REPRODUCED EXACTLY AS RECEIVED FROM THE PERSON OR ORGANIZATION ORIGINATING IT. POINTS OF VIEW OR OPINIONS STATED DO NOT NECESSARILY REPRESENT OFFICIAL OFFICE OF EDUCATION POSITION OR POLICY.

REPORT OF THE NATIONAL CITIZENS ADVISORY COMMITTEE ON VOCATIONAL REHABILITATION

A REPORT
TO THE SECRETARY OF HEALTH, EDUCATION, AND WELFARE
BY THE

NATIONAL CITIZENS ADVISORY COMMITTEE ON VOCATIONAL REHABILITATION

(DHEW), Washington, D.C.

WASHINGTON, D.C.
JUNE 26, 1968

For sale by the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402 - Price 75 cents

NATIONAL CITIZENS ADVISORY COMMITTEE ON VOCATIONAL REHABILITATION

COMMITTEE MEMBERS

Howard A. Rusk, M.D., *Chairman*
New York, New York

W. Scott Allan
Boston Massachusetts
Beatrice Burns
Honolulu, Hawaii
Edgar J. Forio
Atlanta, Georgia
Leonard H. Goldenson
New York, New York
Benigno C. Hernandez
Albuquerque, New Mexico
William P. Hobby, Jr.
Houston, Texas
Brother Boniface Joseph, F.S.C.
Long Island City, New York
John E. King, Ph.D.
Laramie, Wyoming
William O. Kuhl
Kansas City, Kansas
Burt L. Risley
Austin, Texas
Mary Duke Biddle Semans
Durham, North Carolina
Alfred Slicer
Springfield, Illinois
Jacqueline M. Smith
San Francisco, California
Hester Turner, Ph.D.
New York, New York
Arthur M. Weimer, Ph.D.
Bloomington, Indiana

Richard A. Grant
Executive Secretary
Washington, D.C.
(Code 202, 962-0338

June 26, 1968

The Honorable Wilbur J. Cohen
Secretary of Health, Education,
and Welfare
Washington, D. C. 20201

Dear Mr. Secretary:

There is transmitted herewith the final report of the National Citizens Advisory Committee on Vocational Rehabilitation.

During our deliberations, the Committee was constantly aware of the importance of this undertaking, since the Committee was authorized by the Congress, appointed by the Secretary of Health, Education and Welfare, and announced by the President of the United States. We also were quite aware that the results of our efforts could well affect the lives of millions of handicapped Americans.

In the conduct of our work we have had splendid cooperation from all segments of the American people, from public and private agencies and individuals. The Committee was able, through hearings at various geographical points in this country and through extensive correspondence, to gather views and ideas from all areas of the Nation and just about all segments of our society.

As Chairman, I wish you to know that the members of this Committee have given unsparingly of their time, their experience and their individual expertise, and that they have served with dedication and distinction. Our efforts were constantly strengthened by the consistent support of Mary E. Switzer, Administrator of the Social and Rehabilitation Service, and by the highly efficient services of the staff headed by Mr. Richard A. Grant and Dr. Eleanor Poland.

I also wish to convey to you personally, Mr. Secretary, our deep gratitude for your own interest in our work and for your personal appearance with the Committee.

We present this report to you with a sense of pleasure in this opportunity to serve the American people and the public interest. We sincerely hope that the proposals in this report will result in the creation of new and better lives for hundreds of thousands of our fellow Americans.

With appreciation for the many courtesies extended to us, and with our good wishes,

Sincerely,

Howard Rusk
Howard A. Rusk, M.D.
Chairman

Enclosure

NATIONAL CITIZENS ADVISORY COMMITTEE ON VOCATIONAL REHABILITATION

(1966-1968)

Howard A. Rusk, M.D., Chairman
Director, Institute of Rehabilitation Medicine
New York University Medical Center
400 East 34th Street
New York, New York 10016

W. Scott Allan
Assistant Vice President
Liberty Mutual Insurance Company
175 Berkeley Street
Boston, Mass. 02117

Beatrice Burns (Mrs. John A.)
Governor's Mansion
Washington Place
Honolulu, Hawaii 96813

Edgar J. Forio
Senior Vice-President (Retired)
Coco Cola Company
740 Old Ivy Road NE.
Atlanta, Ga. 30305

Leonard H. Goldenson
President, American Broadcasting Companies, Inc.
1330 Avenue of the Americas
New York, N.Y. 10019

Benigno C. Hernandez
Law Office of Hernandez & Atkinson
220 Gold Avenue S.W.
Albuquerque, N. Mex. 87101
currently
U.S. Ambassador to Paraguay
Asuncion, Paraguay

William P. Hobby, Jr.
President and Executive Editor
The Houston Post
Houston, Tex. 77001

Brother Boniface Joseph, F.S.C.
Dean, Bishop Laughlin High School
Brooklyn, N.Y.
currently
Secretary for Education for the Christian Brothers
CASA Generalizia Dei, F.S.C.
Via Aurelia 476, CP 99B
Rome, Italy

John E. King, Ph. D.
President, Kansas State Teachers College
Emporia, Kans.
currently
Professor, Department of Higher Education
Southern Illinois University
Carbondale, Ill. 62901

William O. Kuhl, Ph. D.
Director, Research & Education
International Brotherhood of Boilermakers, Iron Shipbuilders, Blacksmiths, Forgers, and Helpers
8th and State Avenue, Suite 570
Kansas City, Kan. 66101

Burt L. Risley
Executive Director
State Commission for the Blind
Sam Houston State Office Building
Austin, Tex. 78701

Mary Duke Biddle Semans (Mrs. James H.)
Chairman, Mary Duke Biddle Foundation
1415 Bivins Street
Durham, N.C. 27707

Alfred Slicer
Director, Division of Vocational Rehabilitation
623 East Adams Street
Springfield, Ill. 62706

Jacqueline M. Smith (Mrs. Joseph S., Jr.)
Member, San Francisco Social Service Commission
557 Tenth Avenue
San Francisco, Calif. 94118

Hester Turner, Ed. D.
Dean of Students
Lewis and Clark College
Portland, Oreg.
currently
National Director
Camp Fire Girls, Inc.
65 Worth Street
New York, N.Y. 10013

Arthur M. Weimer, Ph. D.
Special Assistant to the President
Indiana University
Bloomington, Ind. 47401

Richard A. Grant
Executive Secretary

Eleanor Poland, Ph. D.
Program Consultant

REPORT OF THE NATIONAL CITIZENS ADVISORY COMMITTEE ON VOCATIONAL REHABILITATION

TABLE OF CONTENTS

CHAPTER Page

FOREWORD

I. DIGEST OF PRINCIPAL RECOMMENDATIONS

Financing 1
Voluntary Agencies and the Delivery of Service 1
Employment of the Disabled 1
Handicapped Children 2
Correctional Rehabilitation 2
Preventive Rehabilitation 2
Eligibility 2
Counselors 2
New Patterns of Service 2
Facilities 2
Professional Training 2
Research 3
Public Information and Education 3

II. APPROACHING THE PROBLEM AND THE PROMISE

A Look at a Situation 5
The Philosophy and Goals of Rehabilitation 7
The Perspective for this Study 7
Basic Views of Program Performance 7
Growth of the Public Vocational Rehabilitation Program 7
The Future Role of Vocational Rehabilitation in the Context of the Social and Rehabilitation Service 10
Problems in Rehabilitation 12

III. DELIVERY OF SERVICES

Page

Introduction 15

Systems for Delivery of Service 16

- The Public Vocational Rehabilitation Program 16
  - State Agency Caseloads 16
  - Changes in Program Emphasis 17
    - Recognition of the Need for Increased Rehabilitation Facilities and Workshops 18
    - Increased Use of Facilities and Workshops for Clients of State Agencies 18
    - New Patterns of Service Designed to Make Rehabilitation More Accessible 18
    - Cooperative Programs with Joint Funding 18
  - Authority and Flexibility in Administration 18
  - State Fiscal Capacity 19
  - Use of Federal Funds 20
- Voluntary Agencies and the Delivery of Rehabilitation Services 21
- Employment of the Disabled 21
  - Obstacles to Employment 22
- Services to Special Groups 23
  - Target Groups for Rehabilitation Service 23
    - Handicapped Children 24
    - Correctional Rehabilitation 25
    - Regional Rehabilitation Centers 26
    - Cord Injury Cases 27
- Preventive Rehabilitation 28
- Volunteers in Rehabilitation 28
  - The College Student as a Force in Rehabilitation 28

Special Problems in the Delivery of Service 29

- Eligibility 29
- The Counselor's Dilemma 30
- Rehabilitation Aides 30
- Communication with Clients 31
- Transportation 32
- Public and Private Efforts on Behalf of the Disabled 33
- Organization of the Rehabilitation Services Administration 33
- Continuation of the National Citizens Advisory Committee on Vocational Rehabilitation 34
- New Patterns of Service 34

Recommendations 34

IV. PROVIDING REHABILITATION SERVICES IN FACILITIES AND WORK SHOPS

Characteristics of Rehabilitation Facilities 41

Government Involvement in Facilities Planning and Development 42

Page

- Progress Under the 1965 Amendments to the Vocational Rehabilitation Act 44
  - Innovation and Expansion Grants 44
  - Statewide Planning for Rehabilitation Facilities 44
  - New Construction and Initial Staffing 44
  - Workshop Improvement Grants 45
  - Client Training 45
  - Project Development Grants 45
  - Technical Assistance 45
  - National Policy and Performance Council 45
  - National Commission on Architectural Barriers 46
- Capacity of Rehabilitation Facilities and Workshops to Deliver Services 47
  - The Unique Contribution of Facilities and Workshops 47
  - Numbers of Rehabilitation Facilities and Their Use 47
- Problem Areas in the Facilities Field 47
  - Disparate and Overlapping Federal Authority 47
  - Problems Related to Lack of Funding 48
- The Future of Rehabilitation Facilities 48
  - Changing Patterns 48
  - Facilities in Impoverished Areas 48
  - Facilities as a Resource for the Severely Handicapped 48
- Recommendations 49

V. FINDING AND TRAINING THE MANPOWER

- Overview of the Training Grants Program 51
  - Mission and Objectives 51
- Assessment of Training Program 52
  - Growth 52
  - Estimate of Personnel Needs 52
    - Medicine 52
    - Rehabilitation Nursing 52
    - Physical Therapy 52
    - Occupational Therapy 53
    - Prosthetics-Orthotics 53
    - Social Work 53
    - Speech Pathology and Audiology 53
    - Recreation for the Ill and Disabled 54
    - Rehabilitation of the Blind 54
    - Rehabilitation of the Deaf 54
    - Rehabilitation of the Mentally Retarded 54
    - Workshop Administration 54
    - Rehabilitation Counseling 54
  - Rehabilitation with Other Training Grant Programs 55
  - Effectiveness of Training Programs 55
  - Adequacy of Funding 56
  - Employment of Personnel Trained 56
  - Administration of the Training Program 56

Page

Recommendations 56
  Additional Authority 56
  Increased Appropriations 58
  Interchange of Federal, State, Local and University Personnel 58
  State In-Service Training Programs 58
  Recruitment 58
  Inter-Disciplinary Training 59
  Increasing the Effectiveness of Educational Methods 59
  Research Training 59
  Utilization of Personnel in State Agencies 59
  Medical Education 60
  Rehabilitation Counseling 60
  Workshop Administration 60
  Training in Specialized Areas of Practice 60
    Rehabilitation of the Deaf 60
    Rehabilitation of the Blind 61
    Rehabilitation of the Mentally Retarded 61
  Undergraduate Education 61
  Other Fields 61

VI. DISCOVERY OF NEW KNOWLEDGE

Research Grants Programs 63
Research and Demonstration Division Programs 64
  Project Grants 64
  Research Training Fellowships 65
Research and Training Centers 65
International Rehabilitation Research Program 67
Accomplishments and General Recommendations in Research 69
  Accomplishments 69
  Recommendations 70
Special Problems, Needs, and Recommendations for the Research Grants Programs 70
  Research Communication and Utilization 70
    Problems 70
    Recommendations 72
  Research Grants Programs and Related Research in Other Government Agencies 72
    Recommendations 73
  Staff Shortage 73
    Recommendations 74
  Training and Attracting Researchers 74
    Recommendations 74
Intramural and Operations Research and Systems Analysis 74
  Intramural Research 74
    Recommendations 75
  Operations Research Systems Analysis 75
    Need for accurate census-type information on numbers and types of disabled persons for each State and city 75
      Recommendation and Committee action: Data on Disability 76
      Recommendations 77

Page

Need for expansion of information systems 77
    for State programs 77
    for research programs 78
    for workshops and facilities 78
    Recommendation 78
Need for adequate information on the results of rehabilitation 78
    Recommendation 79

Future of Rehabilitation Research in the Social and Rehabilitation Service 79

Recommendations 79

VII. PUBLIC INFORMATION AND EDUCATION

The State of Public Knowledge of Rehabilitation 81
Some of the Tasks in Public Information 81
Authority 82
The Present Effort 82
Proposals in Public Information 82
Recommendations 83

VIII. RECOMMENDATIONS (A Recapitulation as a Guide to Action) 85

APPENDIX 95
A. Subcommittees of the National Citizens Advisory Committee on Vocational Rehabilitation 95
B. Participants in Meetings of the Subcommittees 97
C. Respondents to the Committee's Letters of Inquiry 101

FOREWORD

The National Citizens Advisory Committee on Vocational Rehabilitation approached its task with a realization that it was charged with an important responsibility reflecting the will of the Congress and the President, and affecting the lives of several million handicapped people.

In 1965, the Committee on Appropriations of the House of Representatives, in acting on the appropriation request for the Vocational Rehabilitation Administration, provided in its report for the establishment of a citizens advisory body to make "a comprehensive study of the current vocational rehabilitation program and of the Nation's vocational rehabilitation needs" and to "formulate goals for the program and make specific recommendations for arriving at those goals."[1]

Accordingly, a National Citizens Advisory Committee on Vocational Rehabilitation was appointed by the Secretary of Health, Education, and Welfare and announced by the President on March 17, 1966.

ORGANIZATION AND OPERATING PROCEDURES

In the course of its study of rehabilitation programs, their problems, their successes, and their needs, the Committee drew on a wide variety of sources. The 16 members of the Committee brought information and experience from their own varied backgrounds to their task. Thus, they were able to raise cogent questions and make useful suggestions during their deliberations.

The full Committee met six times. Five of these meetings were held in Washington; one was held in New York City at the Institute of Rehabilitation Medicine, by invitation of the chairman of the Committee.

The Committee created seven subcommittees which were charged with responsibility for exploring and reporting on areas of special concern. The subcommittees are listed in appendix A.

All of the subcommittees held one or more meetings in Washington where they usually asked expert witnesses to share their special knowledge with them through prepared statements, questions and discussion.

In addition, two of the subcommittees held regional meetings in various parts of the country to get first-hand information about the rehabilitation programs in that region and the needs to be met and problems to be solved. The Employment Subcommittee held a meeting in Detroit, and the Organization and Community Relations Subcommittee held meetings in Los Angeles, New York, and Atlanta.

At these regional meetings, members were able to hear from and talk with rehabilitation clients and subprofessional aides as well as from professional practitioners and community leaders. For example, at the Los Angeles meeting, members of the Organization and Community Relations Subcommittee spent 1 day visiting in the homes of rehabilitation clients in the Watts area. In Atlanta, they spent an afternoon in the center operated by the State vocational rehabilitation program (and financed primarily by the Office of Economic Opportunity) to evaluate the rehabilitation needs, the skills, and potential of the disadvantaged population of that city. A list of the participants in these regional meetings is presented in appendix B.

---

[1] Report No. 272 (dated Apr. 29, 1965), to accompany H.R. 7765, making appropriations for the Departments of Labor, and Health, Education, and Welfare for the fiscal year 1966; p. 14, para. 3. 89th Cong., 1st sess.

To supplement the information and opinion gained in subcommittee meetings, individual members made site visits to rehabilitation facilities and workshops, to university training programs in rehabilitation, to research projects, and to public and voluntary rehabilitation programs.

In a further effort to gather facts and opinions from as wide a variety of sources as possible, letters of inquiry were sent by five of the subcommittees to 637 organizations and individuals with experience, knowledge, or interest in the needs of the disabled. Replies were received to 300 of these letters.

The Committee is very grateful to these respondents who gave time and thought to answering these letters of inquiry. Many thoughtful suggestions for improving rehabilitation programs were made in these answers and the Committee has drawn on these in preparing the recommendations made in this report.

A list of those who answered the letters of inquiry is presented in appendix C. The following table shows the number of inquiries sent by each subcommittee and the number of replies received.

LETTERS OF INQUIRY

Subcommittee	Number sent	Number replies received
Education, Recruitment, and Training	62	32
Employment	191	101
Facilities and Workshops	25	13
Organization and Community Relations	212	81
Research	147	73
Total	637	300

SUPPORT AND ASSISTANCE TO THE COMMITTEE

Miss Mary E. Switzer, former Commissioner of Vocational Rehabilitation and now Administrator of the Social and Rehabilitation Service, Department of Health, Education, and Welfare, made available to the Committee the entire resources of her agency. In addition, she participated in each meeting of the Committee, lending invaluable guidance and support. The Committee is profoundly grateful for Miss Switzer's contributions.

Staff and resource personnel. The Committee also drew on the knowledge and experience of the staff of the Vocational Rehabilitation Administration and, in later stages, on various experts of the Social and Rehabilitation Service. Also called in were special experts from related Federal programs as needed.

An Advisory Task Force from the staff of the Vocational Rehabilitation Administration prepared some of the background papers and special reports for the Committee and supplied advice and information to the Committee and its full-time staff. In addition, one or more members of the task force worked with each of the seven subcommittees as staff consultants.

Committee staff. In addition to the executive secretary and the program consultant, the Commissioner of Vocational Rehabilitation assigned the following persons to the Committee staff for periods of time and their valuable contributions are acknowledged with gratitude:

Joseph M. LaRocca, Executive Secretary from March through December, 1966.

Frederick Sachs, Assistant Executive Secretary from March through December, 1966.

Nancy K. Bereano, Staff Assistant from September 1967.

CHAPTER I

DIGEST OF PRINCIPAL RECOMMENDATIONS

The recommendations of the National Citizens Advisory Committee on Vocational Rehabilitation are presented in the body of this report in conjunction with the subject matter in each chapter. They also have been extracted in full and presented separately in chapter VIII, with breakdowns according to actions required (legislation, administrative actions, etc.).

The following is a condensed set of those recommendations which are of particular significance. They are not presented in order of priority.

FINANCING

Sufficient increases in appropriations to fully support the new and expanded services and related activities recommended in this report, together with provisions that no grantee be required to provide more than 10 percent of any program costs.

Federal financial assistance, through State vocational rehabilitation agencies, to expand rehabilitation programs of other public and voluntary agencies capable of meeting State and Federal requirements for rendering services.

VOLUNTARY AGENCIES AND THE DELIVERY OF SERVICE

Active efforts by the public vocational rehabilitation program to strengthen the private, voluntary agencies in the rehabilitation field.

EMPLOYMENT OF THE HANDICAPPED

Encouragement to employers, through Government subsidy if necessary, to set up on-the-job training programs within industry for handicapped individuals.

A welfare policy which clearly permits public assistance recipients to keep a specified amount of their earnings during rehabilitation training, without a reduction in welfare payments.

Positive action to broaden and equalize second injury provisions so that liability for second injuries or aggravations is not the total responsibility of the last employer.

Development of regional rehabilitation centers to provide comprehensive rehabilitation services for those categories of the severely disabled whose relatively small numbers necessitate a regional approach.

A change in the Vocational Rehabilitation Act to authorize and encourage State rehabilitation agencies to work with and serve the families of handicapped persons.

HANDICAPPED CHILDREN

Establishment of cooperative school-rehabilitation programs in all schools, public and private, in both urban and rural locations, including a central repository of health and rehabilitation records.

Evaluations of disabled children for rehabilitation purposes by vocational rehabilitation personnel at regular intervals during the elementary and junior high years—for example, at ages 8, 12, and 14—to help prepare the child for a meaningful adult vocational career.

Legislation to permit furnishing physical restoration and other vocational rehabilitation services for any child who needs them, where such services are not available with reasonable promptness from another source.

CORRECTIONAL REHABILITATION

A new program of grants for correctional rehabilitation to assist State, county, and municipal correctional institutions and agencies, emphasizing preventive rehabilitation services at community-based correctional centers, probation and parole agencies, and local jails.

PREVENTIVE REHABILITATION

Emphasis by the Rehabilitation Services Administration on early referrals in all its programs, including assignment of counselors to general hospitals; improved operations with State workmen's compensation; and steps to speed referrals from Social Security, welfare agencies, and special education programs in elementary schools.

A change in law to make clear that any vocationally handicapped person has a right to evaluation of his rehabilitation potential, and to authorize additional Federal funds to construct, equip, staff, and operate vocational evaluation and adjustment centers.

ELIGIBILITY

A change in law to make clear that vocational rehabilitation services are available to any individual who is under a clear vocational handicap, regardless of the cause of the handicap (but retaining a focus on those with physical and mental disabilities as the major thrust of the program, and with provisions for coordinated work with those agencies also concerned with individuals suffering from deprivation and disadvantage).

COUNSELORS

Immediate steps by the Rehabilitation Services Administration to devise a more equitable system for giving rehabilitation counselors more credit for their work with the severely disabled.

NEW PATTERNS OF SERVICE

Decentralization and dispersal of State vocational rehabilitation offices in major population centers to provide service in neighborhoods where disabled people live.

Establishment by vocational rehabilitation agencies of one-stop, multiservice centers in ghettos and other areas where the incidence of disability is high.

Employment by the vocational rehabilitation agencies of a vastly increased number of rehabilitation aides (bilingual if necessary) from the neighborhoods where service is to be provided.

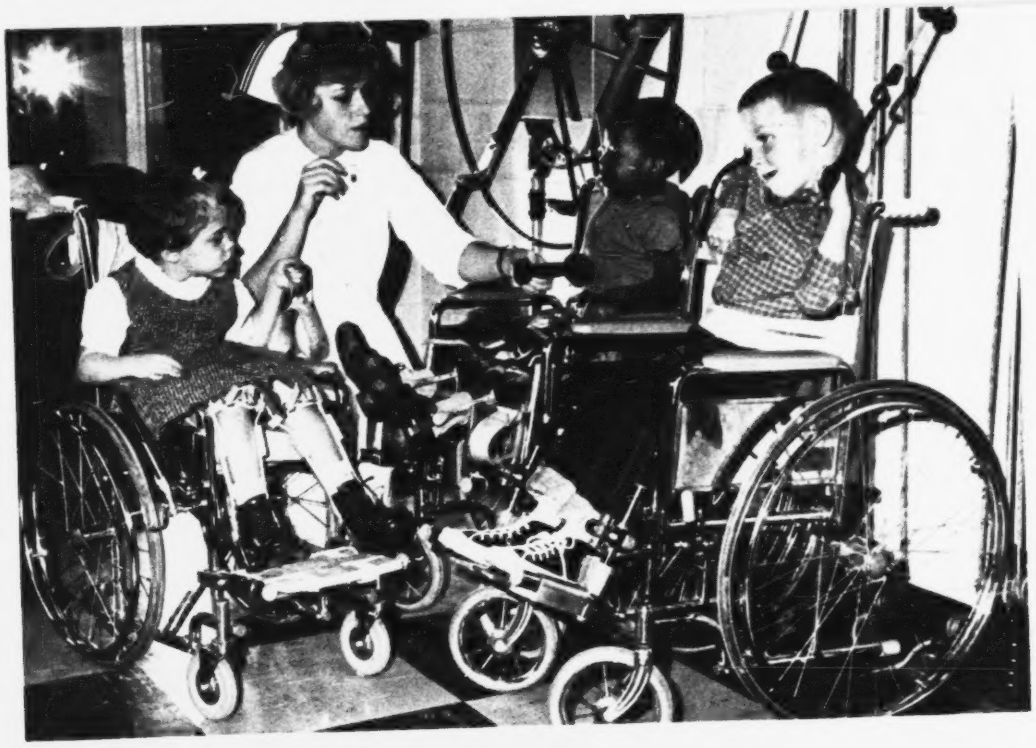
FACILITIES

Action by the Rehabilitation Services Administration to assure that the unique resources of rehabilitation facilities and workshops are available to the severely handicapped and particularly to those persons whose lives are blighted by social, educational, and economic disadvantage.

PROFESSIONAL TRAINING

A sharp increase in Federal funds for overall support of training grant programs beginning with the fiscal year 1969.

Special steps to recruit larger numbers of promising people into careers in the rehabilitation field, including an effective network of communication between those who produce trained personnel and those who use them; special recruitment measures directed to minority groups and others economically deprived; and much greater State agency emphasis on preparing more of their clients for occupations in the rehabilitation professions.



Much greater use of volunteers in rehabilitation agencies.

In the education of physicians, continued and intensified support of curriculum changes and teaching methods that will enable more undergraduate students to acquire an understanding of long-term illness, disability, and the principles of rehabilitation.

Financial and other support to colleges and universities for preservice educational programs in rehabilitation and other helping services.

RESEARCH

Continuation and extension of community-oriented research, especially in the cities.

Extension of the international rehabilitation research program to additional countries, including those where U.S. balances of foreign currencies are not considered excess to normal needs, along with increased U.S. dollars for use in excess-foreign-currency countries.

High priority, in the research activities of the Social and Rehabilitation Service, to studies of the rehabilitation process, including continuing followup studies of rehabilitants.

Strengthening of efforts to more rapidly and effectively translate promising research into active service programs.

Renewed efforts to assure that key questions concerning disability will be included in each decennial census.

Funds for a continuing national study of persons who have received vocational rehabilitation services to obtain adequate information for improving the effectiveness of the program, plus reliable figures on the costs and economic benefits, to permit more effective planning and allocation of national and State resources.

A continuing increase in multidisciplinary projects in which components are contributed from the Rehabilitation Services Administration, the Children's Bureau, Administration on Aging, and welfare research branches within the Social and Rehabilitation Service, and from the Public Health Service, Office of Education, the Department of Labor, the Office of Economic Opportunity, and the Bureau of Prisons.

PUBLIC INFORMATION AND EDUCATION

A comprehensive public information and education plan and program which brings into play governmental, voluntary, and industry resources in concert, in a joint effort to reach and inform both the public and various special groups concerning disability and rehabilitation.

Full support of the Advertising Council's current plans to conduct a major national campaign directed to public education on disability and rehabilitation.

Development of a special plan and program to reach the practicing physicians of this country and to secure their active involvement in seeing that their patients who sustain severe disabilities are brought into appropriate rehabilitation programs promptly.

A National Conference on Rehabilitation in the early spring of 1969.

CHAPTER II

APPROACHING THE PROBLEM AND THE PROMISE

A LOOK AT A SITUATION

Millions of our citizens today are living on the fringes of our society because they are the victims of a serious handicap.

They remain there because we, as citizens and as a nation, never have gotten disturbed, or angry, or determined about it.

We have the skills, the know-how, to bring them into the mainstream of life as active, useful members of the community. We do this for some of them—and pass the other millions by.

We are a humane nation and we are a nation of businessmen. Yet we violate the principles of humanity and business when we continue to permit large numbers of Americans to languish in the shadow of a serious handicap which could be mastered. Both the conscience and the purse suffer when men and women who could be self-reliant and productive are consigned to futility and dependency.

When the National Citizens Advisory Committee on Vocational Rehabilitation first convened, we as members directed our initial studies to the nature and extent of the problems of physical and mental disability among the American people. The physically and mentally disabled are a large group; in fact, those needing rehabilitation service but not getting it represent nearly 2 percent of the entire population.

The physically and mentally disabled present specialized problems which are not resolved by standard, everyday methods of serving people. It is because rehabilitation workers accepted this basic fact long ago that we have achieved such a high degree of success in restoring the disabled.

But we soon found ourselves confronted with a new kind of "specialized problem"—the tremendous number of men, women and children whose handicaps are primarily social, cultural, educational, and economic. As a nation, we are learning fast about the nature of these problems but our experience in solving them is sketchy, scattered, and seldom validated. There is growing dissatisfaction with the results of general efforts at social betterment for the most disadvantaged of our people. There is disappointment that public welfare programs, unemployment compensation, medical and health programs, social security, the poverty programs, education and job training, and other efforts have not mastered and solved the basic problem of prolonged poverty and individual tragedy for hundreds of thousands of people.

Poverty among Negroes in the cities is today's front-page news. Before that it was the poverty-stricken mountain people of Appalachia. In neither case did our governmental or private systems provide a satisfactory answer, with the result that the nature and size of the problem remains essentially unchanged. Despite gains here and there, poverty continues to stalk the mountains, the poor farmlands, the city ghettos, and the fringes of suburbia, in much the same way it has for decades.

So far, in trying to mount a national attack on poverty and its causes, many of our programs have been drawn into an understandable but fatal conceptual trap—the trap that assumes that, because these people are all poor, they have a lot of things in common, and therefore the problem can be approached with mass methods. The fact is that, from one situation to another, they frequently have only two things in common—they are poor and they are human beings.

Thus we should not expect to mount "a program" to cope with the problems and needs of these people. Rather we should try to visualize the kind of "need groupings" that exist among the chronically poor, and how many people might be constructively helped if we met these particular types of need.

For example, opening up new jobs for the poor will meet one "need grouping" requirement, provided the jobs are suitable for and accessible to the poor, and the wages are high enough to provide a better living than a welfare check.

When this has been done, hundreds of thousands of poor people will still remain, their problems unsolved.

So another "need grouping" calls for job training and placement, which will meet the need of those who want to work and are in an area of labor demand, but who have little or nothing in the way of skills to offer an employer.

When this has been done, hundreds of thousands of poor people will still remain, their problems unsolved.

So it will be necessary to confront and solve the problems of another grouping whose needs are "logistical"—the special worker for whom no work exists in the area, the worker who is lost to the labor market because the local transportation system prices him out of the market in time and money, the mother (and sometimes father, brother, or sister) who needs a job but cannot leave a small child or a sick relative unless there are more and better day care facilities and health facilities.

And again, when this set of needs has been met, hundreds of thousands of poor people will still remain, their problems unsolved.

So we come finally to the "need grouping" on which, rightly or wrongly, the entire poverty effort will be judged—those whose problems are so serious, so complex and so expensive that they will never yield to the workings of any of our usual systems. They are the living evidence of failure in our present-day standard arrangements for education, health, social intercourse, employment, and economic security.

They are the physically disabled, the mentally retarded, the emotionally ill, the victims of narcotics addiction and alcoholism, the completely uneducated, the socially isolated, the parolees and probationers living one wrong step from the prison gate, the "unmotivated" welfare clients whose entire life experience so far tells them that "work" means low-paid drudgery which provides a bare existence and leads nowhere.

It is here, with this "need grouping" that we should begin considering rehabilitation programs, and in a different and larger context than in the past.

These are not the hopeless ones. These are the ones we never have made up our collective minds about. We have not been willing to put to work all our known skills, and take a chance on sizable amounts of money, in a courageous effort to achieve a breakthrough for them. We are repeating our performance early in this century when, full of doubts, we made our first timid and fumbling efforts to do something about physical disability.

When we undertake this, we should be clear in our minds that there are large numbers of people who, for a variety of reasons, are beyond the help of present-day science and society. We should accept this fact and gear our public support programs to meet this unavoidable human need with resolution and dignity—and then proceed to the task of providing service to all those who offer any prospect of assuming active and useful places in life.

It is time to construct such an effort and to accept, with realism and candor, the tremendous task of dealing with large numbers of these seriously disadvantaged men, women, and children on an individual basis.

We will not be starting from scratch. The rehabilitation programs of this country, public and private, already have set a pattern for us.

THE PHILOSOPHY AND GOALS OF REHABILITATION

We are convinced that the rehabilitation movement in the United States represents one of the great achievements of our culture. It stands as a monument to the humanitarian instincts of the American citizen and, at the same time, provides practical ways for disabled persons to achieve satisfying, productive lives.

Through the efforts of rehabilitation personnel—in government, the voluntary agencies, medicine and other professions—rehabilitation has performed near-miracles in elevating individual disabled people from despair to self-fulfillment.

Basic to all rehabilitation is the assumption that the handicapped person has within himself the potential for his own self-improvement and that, given the appropriate incentives and circumstances, he will be motivated to accentuate the constructive, life-embracing aspects of his own personality.

Organized rehabilitation effort in the Nation is concerned with providing the "appropriate incentives and circumstances" in which self-help possibilities can be realized. Rehabilitation looks at the whole person and tailors individual services to meet individual needs. It provides the setting in which innate capacities for self-help may be expressed. The result is pride, the prerequisite for human happiness. In this sense, rehabilitation serves as a model in man's quest to assist his fellow man to achieve personal dignity and freedom.

THE PERSPECTIVE FOR THIS STUDY

We looked primarily at the Federal-State vocational rehabilitation program. It is not possible, however, to consider the official program in isolation. We therefore questioned individuals from a wide range of public, private, voluntary, and professional rehabilitation fields. Our study and this report kept a focus on the Federal-State program, but a consistent effort was made to view the program within the context of the overall rehabilitation movement.

BASIC VIEWS OF PROGRAM PERFORMANCE

We liked what we saw when we looked at the public vocational rehabilitation program. There can be no doubt as to the program's success. From the time of its inception in 1920 to its recent flowering in the 1965 and 1967 amendments to the Federal act, the program has been the literal salvation of millions of disabled Americans. Evidence of success is seen in the constantly increasing numbers of disabled persons who are rehabilitated each year, in the economic gain resulting from investment of the rehabilitation dollar, and in the extent to which other governmental programs have adopted rehabilitation ideas, techniques, and methods.

As it has evolved through the years, the public vocational rehabilitation program has developed four major components—direct service, research, training of rehabilitation workers, and construction of facilities—each of which buttresses the others in a system of interdependent programs. These programs have worked to provide more and better rehabilitation services for an ever-increasing number of the Nation's disabled population. This multidimensional structure provides a flexibility and capacity to adapt to new challenges that are unique among governmental programs, particularly those based on a Federal-State partnership. That these capabilities exist is due in large measure to enlightened, skillful, and dedicated leadership at both Federal and State levels.

GROWTH OF THE PUBLIC VOCATIONAL REHABILITATION PROGRAM

The Federal-State program of vocational rehabilitation, throughout its 48-year history, has demonstrated in principle our country's acceptance of its social obligation to restore the disabled citizen to a productive, meaningful life.

Public recognition of rehabilitation as a positive social force first occurred in 1920 with the passage by Congress of the Smith-Fess Act establishing the program. From the meager beginning in 1921, with a total of $284,684 in Federal and State expenditures and a successful caseload of 523 rehabilitated clients, to a basic Federal-State program in which expenditures totaled $303,845,732 and 173,594 persons were rehabilitated in 1967, the basic concepts undergirding the program have remained essentially the same. However, the program has been characterized by remarkable expansion in the range of services provided, the classes of individuals served, and technical skills and capabilities of professional rehabilitation workers.

Annual growth rates are reflected in Figures 1, 2 and 3, indicating the numbers rehabilitated and the program funding, both Federal and State.

FIGURE 1.—NUMBER OF PERSONS REHABILITATED BY STATE VOCATIONAL REHABILITATION AGENCIES IN THE UNITED STATES, 1921–67

Fiscal year	Cases rehabilitated
1967	173,594
1966	154,279
1965	134,859
1964	119,708
1963	110,136
1962	102,377
1961	92,501
1960	88,275
1959	80,739
1958	74,317
1957	70,940
1956	65,640
1955	57,981
1954	55,825
1953	61,308
1952	63,632
1951	66,193
1950	59,597
1949	58,020
1948	53,131
1947	43,880
1946	36,106
1945	41,925
1944	43,997
1943	42,618
1942	21,757
1941	14,579
1940	11,890
1939	10,747
1938	9,844
1937	11,091
1936	10,338
1935	9,422
1934	8,062
1933	5,613
1932	5,592
1931	5,184
1930	4,605
1929	4,645
1928	5,012
1927	5,092
1926	5,604
1925	5,825
1924	5,654
1923	4,530
1922	1,898
1921	523

FIGURE 2.—NUMBER OF PERSONS REHABILITATED SINCE 1921

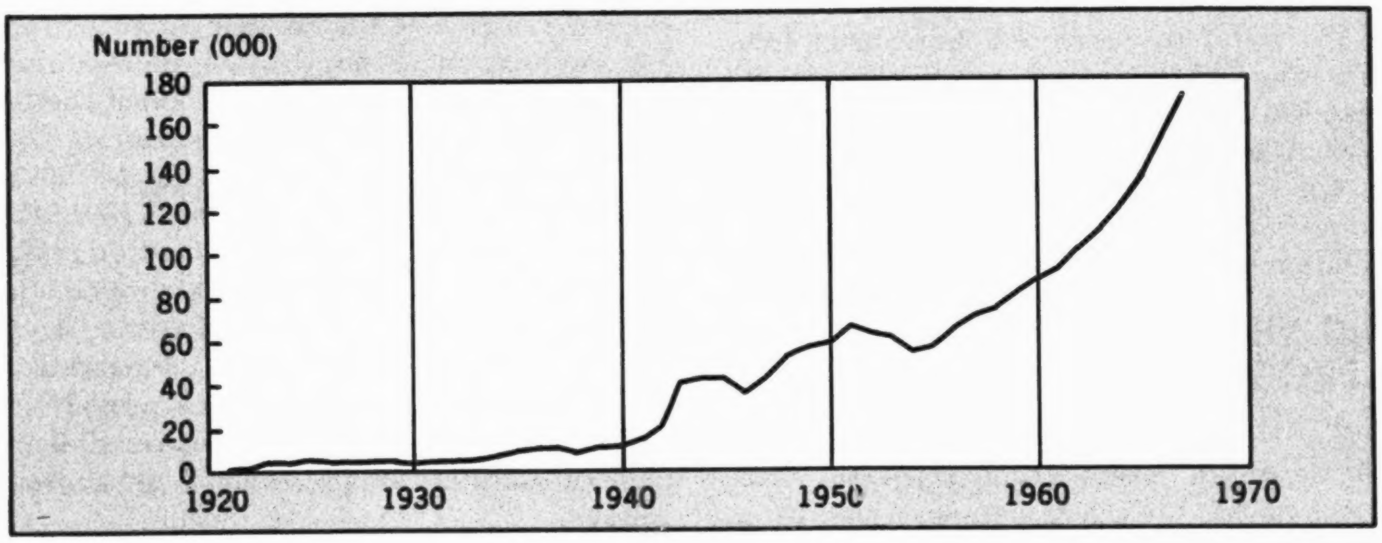


FIGURE 3.—GRANTS TO STATES: BASIC SUPPORT PROGRAM UNDER SECTION 2 OF THE ACT

Total Federal Grants and State Funds for Vocational Rehabilitation; 1921 through 1967

Fiscal year	Expenditures			Percent	
	Total funds	Federal funds	State and local funds	Federal funds	State and local funds
1921	$284,684	$93,336	$191,348	32.8	67.2
1922	736,268	312,463	423,805	42.4	57.6
1923	1,188,081	525,281	662,800	44.2	55.8
1924	1,242,558	551,095	691,463	44.4	55.6
1925	1,187,219	519,553	667,666	43.8	56.2
1926	1,273,572	578,941	694,631	45.5	54.5
1927	1,406,757	631,376	775,381	44.9	55.1
1928	1,541,121	653,858	887,263	42.4	57.6
1929	1,490,180	664,739	825,441	44.6	55.4
1930	1,699,710	739,373	160,337	43.5	56.5
1931	2,042,710	932,718	1,109.992	45.7	54.3
1932	2,185,876	998,489	1,187,387	45.7	54.3
1933	2,176,080	998,589	1,177,491	45.9	54.1
1934	2,079,905	915,659	1,164,246	44.0	56.0
1935	2,247,948	1,031,818	1,216,130	45.9	54.1
1936	2,602,657	1,229,692	1,372,965	47.2	52,8
1937	3,319,096	1,513,441	1,805,655	45.6	54.4
1938	3,862,163	1,790,843	2,071,320	46.4	53.6
1939	3,991,664	1,832,964	2,158,700	45.9	54.1
1940	4,107,806	1,972,274	2,135,532	48.0	52.0
1941	4,711,138	2,281,941	2,429,197	48.4	51.6
1942	5,205,143	2,556,969	2,648,174	49.1	50.9
1943	5,629,923	2,761,748	2,868,175	49.1	50.9
1944	6,371,992	4,051,551	2,320,441	63.6	36.4
1945	9,855,544	7,135,441	2,720,103	72.4	27.6
1946	13,749,488	10,002,239	3,747,250	72.7	27.3
1947	19,313,344	14,188,933	5,124,411	73.5	26.5
1948	24,568,814	17,706,843	6,861,971	72.1	27.9
1949	25,818,839	18,215,683	7,603,156	70.6	29.4
1950	29,346,824	20,340,142	9,006,682	69.3	30.7
1951	30,272,854	21,001,388	9,271,466	69.4	30.6
1952	32,689,354	22,122,437	10,566,917	67.7	32.3
1953	34,583,138	22,947,581	11,635,557	66.3	33.7
1954	35,366,479	22,964,504	13,853,265		
1955	38,636,578	23,999,944	14,636,634	62.1	37.9

Fiscal year	Expenditures			Percent	
	Total funds	Federal funds	State and local funds	Federal funds	State and local funds
1956	48,123,028	30,000,000	18,123,028	62.1	37.9
1957	56,075,386	34,847,954	21,227,432	62.1	37.9
1958	66,057,877	41,083,273	24,974,604	62.2	37.8
1959	73,337,774	45,499,023	27,838,751	62.0	38.0
1960	79,231,812	49,072,022	30,159,790	61.9	38.1
1961	87,905,256	54,302,013	33,603,243	61.8	38.2
1962	102,412,520	62,950,000	39,462,520	61.5	38.5
1963	115,636,825	71,038,954	44,597,871	61.4	38.6
1964	133,259,334	82,194,557	51,064,797	62.0	38.0
1965	154,140,271	94,713,012	59,427,259	61.0	39.0
1966	213,638,600	144,629,252	69,009,348	68.0	32.0
1967	303,845,732	225,268,026	78,577,706	75.0	25.0

Significant modifications in Federal law in 1943, 1954, 1965, and 1967 have substantially enlarged the scope of Federal-State rehabilitation activities. What originated as a very limited program of vocational training for the physically handicapped has grown into a comprehensive program of services for both physically and mentally disabled.

Following the 1965 amendments, the concept of handicapping conditions was refined, with the result that persons with behavioral disorders resulting from vocational, educational, cultural, environmental or other related factors are eligible for vocational rehabilitation services. This stimulated the vocational rehabilitation program to accept responsibility for an even greater number of the Nation's handicapped. It also challenged the program to relate itself meaningfully to our citizens whose lives are blighted by social, economic, educational, and cultural disadvantage. However, the physically and mentally handicapped continue to be the main focus of the program.

While it is currently estimated that there are at least 3.7 million Americans who could benefit from vocational rehabilitation services, with an additional 550,000 joining this group each year, these figures only begin to describe the job that remains to be done. The "disadvantaged" or "socially disabled" are not included in this estimate.

There can be little doubt that to date the twin objectives of economic benefits for the community and a renewed sense of dignity and personal worth for the handicapped have prompted the growth of this program. It is a statistical, fiscal, and historical fact that for more than 40 years, this country has gotten more than its money's worth from this program, in the form of productive, contributing, taxpaying citizens.

We believe the same can be done for a larger and different group of citizens with profoundly difficult problems.

THE FUTURE ROLE OF VOCATIONAL REHABILITATION IN THE CONTEXT OF THE SOCIAL AND REHABILITATION SERVICE

In August 1967, Secretary John W. Gardner announced a major organizational change within the Department of Health, Education, and Welfare. This was the creation of the Social and Rehabilitation Service.

The reorganization has two principal features. First, it brings together the various services of the

Department that deal with special groups—the handicapped, the aged, families, and children. Second, it separates programs administering cash payments in public assistance from those offering rehabilitation and social services. The new agency should make possible a more unified approach to problems of the disabled and disadvantaged, with special emphasis on the family.

A major goal of the reorganization is to infuse rehabilitation philosophy, concepts, and methods into all HEW programs affecting the lives of individuals. Adoption of this goal is a real tribute to the public vocational rehabilitation program and its success in demonstrating the effectiveness of providing services in such a way as to take advantage of the handicapped person's innate desire to help himself.

It now becomes incumbent on the Rehabilitation Services Administration, as the agency within the Social and Rehabilitation Service for administering the Federal-State vocational rehabilitation program, to continue strong leadership in developing programs of positive social action and, specifically, to relate its own program more effectively to strengthening and promoting the family as the basic unit of society.

Although the public vocational rehabilitation program's method of providing comprehensive services on the basis of individual need has proven extremely effective, the program has never been in a position to extend its services to members of the disabled person's family, some of whom may be as much in need of service as the disabled person himself.

Part of this difficulty has been due to an absence of legislative authority to serve nondisabled family members. The 1967 amendments to the Vocational Rehabilitation Act make some headway in overcoming this lack by permitting service to the families of migratory workers. Still, the authority is quite limited.

It is important that the concept of comprehensive services designed to preserve the integrity of the family become more prominent in vocational rehabilitation thinking. Creation of the Social and Rehabilitation Service may well provide the impetus for this by relating the family and children's programs more closely to the Rehabilitation Services Administration. It is expected that the new combination of agencies will prove of mutual benefit to all the agencies involved and, in turn, will result in more meaningful services to the clientele of the respective agencies.

PROBLEMS IN REHABILITATION

Having agreed unanimously on the positive social effects of rehabilitation and on the monumental successes of the public rehabilitation program, we also share the conviction that rehabilitation is not what it could and should be. It seems definite, for one thing, that the public vocational rehabilitation program's present contribution is not commensurate with its potential.

Almost from the beginning of our deliberations, we were struck with the lack of public knowledge about the public program. For a variety of reasons, rehabilitation has never become a matter of urgent priority for Americans. Many citizens are aware that public and private programs for the disabled exist. They are comforted with the thought that something is being done. Yet even these citizens are almost totally unaware of the extent of disability, of the human and economic ravages it imposes, and the vast difference that modern rehabilitation methods could make.

This lack of awareness is especially disturbing when it is encountered among professional personnel. We were shocked to learn that the typical medical practitioner, who should play such a prominent role in the rehabilitation process, has very little understanding of the scope, function and resources of the public program. Those who know rehabilitation programs believe in them and support them—yet it is ironic that so few know, and that even fewer do anything about it.

The vocational rehabilitation program, so far, has not even had the distinction of becoming controversial. We feel that in this time of social crisis and upheaval, rehabilitation *should* become controversial. Its successes and its shortcomings should enter the public forum for debate and speculation. Its concepts, practices and philosophies should be discussed, argued over, and refined so that they may be even more validly related to life in 20th century America.

A problem of deep concern to us is the marked unevenness in accessibility to and delivery of rehabilitation services from State to State. We were disturbed to find that a disabled person in the more populous and wealthy States sometimes has less chance for rehabilitation service than the disabled person in the less populous and poorer States. On a population basis, West Virginia rehabilitates 5 times as many of its citizens as New York, and 7 times as many as California. In view of the trend

toward greater concentration of our population in urban areas, this fact can have serious implications. We therefore inquired into the best ways to deliver services to people where they live, in both rural and urban areas.

Another source of concern is the quality of rehabilitation service. We learned from rehabilitation administrators, professional practitioners, and clients themselves that the quality of rehabilitation services may be far from optimal and that the disabled person seeking help from his State rehabilitation agency may not get the best service available.

Ironically, the severity of a disability may, in itself, militate against acceptance for service.

There may be long delays between acceptance and the actual provision of service, and the time per client available to the counselor may be too short.

Too often the services provided are dictated not by the client's needs but by the amount of case service monies available. Consequently, the quick, relatively cheap service may be preferred to the more expensive, long-term service that would lead to greater personal and economic independence.

Finally, we became aware of problems in the areas of research and training, and in the organizational structure of the Rehabilitation Services Administration, particularly as the latter affects the relationships with State rehabilitation agencies.

To what are these difficulties due? We feel it would be an oversimplification to attribute them to a shortage of funds and personnel alone. It is true the program has never been adequately financed, even with consistently increasing congressional support through the years. But to assess the deficits solely in quantitative terms might distort the situation. So we asked whether there are qualitative shortcomings that must be resolved—such as restrictive and fragmented legislative authority, faulty administrative practices, or duplication with other public and private rehabilitation programs.

In sum, we recognized that rehabilitation in practice falls short of rehabilitation in the ideal and addressed ourselves closely to the reasons for the discrepancy. The problems are dealt with in succeeding chapters and the recommendations are designed to help resolve them. Based on a thorough appreciation of its many solid accomplishments, we believe that rehabilitation can achieve its latent promise. It can, in fact, help to bring us to that long-sought day when *all* disabled and disadvantaged citizens can attain a full measure of participation in a rewarding American life.

CHAPTER III

DELIVERY OF SERVICES

INTRODUCTION

At the heart of the rehabilitation effort are the resources and methods of delivering services to disabled clients. Throughout our deliberations, we were confronted with evidence that many disabled individuals are not receiving the services they desperately need to permit them to become independent, self-respecting citizens. We were impressed by the statement of a witness at Los Angeles, which included the following:

> *"The social helping agencies should begin to assess their program needs . . . and begin to press politically for such inclusions in the the national budget. They should meet the military hawks and the economic paucity theorists head-on and make no apologies for so doing. If the question arises, where is the money coming from, the reply can be, from a stepped up gross national product where all the other money comes from . . . . Unless the basic policy propositions of expanded programming are worried through and mastered, we will have more of the same kind of inadequate, half-responses to gigantic needs."*

The public vocational rehabilitation program and the private voluntary agencies, in combination, are still not meeting this need. The situation was bad enough before the passage in 1965 of Public Law 89–333. Following enactment of that law, several million additional persons theoretically became eligible for services. This occurred as a result of an expanded definition of disability which now includes those persons suffering from behavioral disorders resulting from vocational, educational, cultural, social, environmental, or other factors, who are considered disabled on the basis of psychiatric or psychological evaluation.

At the same time that vocational rehabilitation was expanding its scope, many other governmental agencies were created or expanded to provide rehabilitative services, at least in bits and pieces. Consequently, there are now many governmental programs serving individuals who are disadvantaged in one way or another—physically, mentally, socially, or economically. Unfortunately, many desperately troubled people remain unserved.

This increase in governmental programs represents an accumulation of national, State, and local actions over a long period of time. We feel strongly that, as a first step, the Federal Government ought to accept responsibility for simplifying and coordinating its programs. State and local agencies might then follow the lead. A positive step in this direction occurred with the recent reorganization in the Department of Health, Education, and Welfare which created the Social and Rehabilitation Service and gave a common framework for several of the human service agencies within that department. Another positive step is the launching of statewide planning projects in rehabilitation in 52 States and territories. While these planning efforts are basically conceived as a means of seeing that all handicapped individuals can be properly served by 1975, the effects certainly will be felt much sooner. Preliminary reports not only indicate a common identification of problems but also provide blueprints for their solution. The results will be an invaluable resource in helping to reshape the national rehabilitation scene.

Regardless of the administrative or legislative format that may evolve to insure interagency coordination and to support programs, the principle of "the right service, in the right manner, from the right persons at the right time" must prevail. On this point we are convinced that the vocational rehabilitation approach is the best yet devised for helping people to help themselves. Provision of comprehensive services to meet unique individual needs through a person-to-person relationship is far superior to mass or "class" approaches. It takes people to help people. We hope this time-tested method of serving the disabled is not only continued, but vastly expanded.

SYSTEMS FOR DELIVERY OF SERVICE

The Public Vocational Rehabilitation Program

Vocational rehabilitation is a grant-in-aid program involving a Federal-State partnership which helps disabled people surmount their disabilities and earn a living. Federal funds are made available to the 50 States, the District of Columbia, Guam, Puerto Rico, and the Virgin Islands to help provide vocational rehabilitation services. The basic condition for the receipt of Federal grants under the basic support program is an approved State Plan for Vocational Rehabilitation. In effect, the plan is the contract between the Federal Government and the States which sets forth the framework and broad policies under which the State will operate its program.

In 36 States there are separate vocational rehabilitation programs for the blind. Agencies which provide services to all categories of the disabled are called "general" agencies. State vocational rehabilitation personnel work in field offices which usually include district or local offices. There are now over 900 such district and local offices. In addition, many agencies have established rehabilitation units in institutions such as mental hospitals, correctional institutions, or schools for the mentally retarded.

The essence of the public vocational rehabilitation program is to draw upon the full range of available resources in order to bring the disabled person to his optimum functioning level. Services provided include diagnosis, evaluation, physical restoration, counseling, training, maintenance, prosthetic devices, occupational equipment, placement in a job with followup—in short, all of those elements that contribute to making an individual employable. A wide variety of community agencies and organizations, both public and private, are used to bring services to bear in a timely and meaningful way. Hospitals, physicians, clinics, rehabilitation centers, workshops, educational institutions, and individual employers are some of the resources regularly used to accomplish effective rehabilitation. The State agency purchases these services for its disabled clients or procures them through other community resources.

State Agency Caseloads. In fiscal 1966, over 900,000 disabled persons were on the rolls of the State vocational rehabilitation agencies. The table on the next page illustrates the number of individuals who were provided various kinds of rehabilitation services.

This table makes two things quite apparent: (1) A significant number of disabled Americans are benefiting from vocational rehabilitation services, and (2) a shockingly large number of clients are not accepted by the State vocational rehabilitation agencies.

The problem of nonaccepted cases was driven home at one of our hearings where it was learned that one large State accepts only one in four of the cases referred to it. And these are not capricious referrals but largely referrals originating with skilled professionals in other agencies, in private practice, or from clients who consider themselves disabled.

The Committee feels strongly that many more of the Nation's identifiably disabled, represented in the nonaccepted category, should be served. There is even less reason for passing these dis-

FIGURE 4.—FEDERAL-STATE PROGRAM OF VOCATIONAL REHABILITATION

SUMMARY OF PROGRAM WORKLOAD, FISCAL YEAR 1967

Cases on hand, July 1, 1966:		
Referred cases	190,750	
Active cases	296,216	486,966
New referrals during fiscal year 1967		608,136
Total workload		1,095,104

SERVICES PROVIDED

Counseling or administrative action:		
Preliminary	282,798	
Intensive	812,306	1,095,104
Other categories of rehabilitation services (number of clients):		
Diagnostic procedures	411,380	
Surgery and treatment	78,839	
Prosthetic appliances	40,758	
Hospitalization	44,931	
Training	143,590	
Maintenance	96,410	
Other	11,778	
Rehabilitation or adjustment centers	44,216	
Workshops	20,704	
Unduplicated number of clients receiving other services		569,907
Cases closed during fiscal year 1967:		
Not accepted for services	235,331	
Not rehabilitated, after services started	22,622	
Not rehabilitated, before services started	22,199	
Rehabilitated	173,594	453,746
Cases on hand, June 30, 1967:		
Referred cases	282,798	
Extended evaluation cases	7,068	
Active cases	351,492	641,358

abled people by today, as a result of a special provision in the 1965 amendments to the Federal act for *extended evaluation*. Under this provision, Federal funds can be used to help pay the cost of vocational rehabilitation services during a period of extended evaluation, to make possible a determination of the individual's rehabilitation potential. This provision should have a significant impact in the reduction of the number of referrals not accepted and in the increase of services to the hard core disabled and unemployed.

Changes in Program Emphasis. We noted several shifts in program emphasis and in the development of new methods and techniques for delivery of service by the State agencies over the past few years. Some of these hold great promise for meeting the objectives of the public program by 1975, that is, the provision of vocational rehabilitation services to all who need and can benefit from them. Among these trends are the following:

A. *Recognition of the Need for Increased Rehabilitation Facilities and Workshops*

State expenditures for establishment, enlargement and improvement of rehabilitation facilities and workshops have increased greatly in recent years. In 1966, State agencies spent $16,100,000 in Federal and State funds (largely under section 2 of the act) for facilities and workshops. This is more than the total of the preceding 4 years.

B. *Increased Use of Facilities and Workshops for Clients of State Agencies*

The number of disabled clients served at rehabilitation facilities and workshops more than doubled between 1963 and 1966. Over 27,000 were so served in 1963; over 57,000 in 1966. Of all case service expenditures by State agencies for services, those provided at rehabilitation facilities and workshops rose from 17.9 percent in 1963 to 26 percent in 1966. All States participated. In 22 States, the expenditure was above 25 percent and there were four States where it was over 50 percent.

C. *New Patterns of Service Designed to Make Rehabilitation More Accessible*

Based primarily on experience in California and on that of the Atlanta Evaluation Center, the concept of one-stop, multiservice centers holds great promise. Such centers provide an array of services of various types from several agencies under one roof. The objective of the centers is to reduce delay in eligibility determination and processing of papers and to initiate services as quickly as possible in the neighborhoods where disabled persons live. Thus, the concept appears to be particularly valid for disabled persons in ghetto areas. Development of one-stop, multiservice centers may be cited as an example of the capability and flexibility of the public vocational rehabilitation program to mount resources to meet crisis conditions. Federal financial assistance is provided for in several sections of the Vocational Rehabilitation Act, depending on the local need and plans.

D. Cooperative Programs with Joint Funding

Vocational rehabilitation programs operated in conjunction with other public or private agencies have several distinct advantages. Interagency coordination of programs is a worthwhile goal in itself. In addition, however, cooperative programs tend to bridge gaps in service, prevent disruptions in service, generate improved methods of providing service, and improve the content and quality of service.

The increase in such programs has been remarkable in recent years. In March of 1967, 34 States had active joint projects involving the State vocational rehabilitation agency and school districts. The annual cost of services in these projects was estimated at $17,250,000. At the same time, State agencies were conducting cooperative programs in correctional rehabilitation (prisons, reformatories, training schools, and courts) which totaled over $6 million in Federal section 2 funds alone. Thirty-seven States, the District of Columbia and Puerto Rico operate rehabilitation facility programs in State institutions for the mentally ill and/or mentally retarded. Other cooperative programs are conducted with employment service and welfare agencies.

Authority and Flexibility in Administration. The Vocational Rehabilitation Act and its regulations and the State plans for vocational rehabilitation represent a system that accomplishes the goals of flexibility in administration and assurance that basic program standards are maintained.

There are requirements that must be adhered to in all State plans and their administration. For example, the section of the regulations relating to eligibility requirements makes it clear that no State may exclude any groups of individuals solely on the basis of their types of disability. By July 1, 1969, all States must have eliminated length of residence as a requirement for service. No State can set a lower or upper age limit which will in and of itself result in a finding of ineligibility. Eligibility requirements are to be applied without regard to sex, race, creed, color, or national origin of the individual. In addition, States must provide for administrative review of agency action on the furnishing or denial of services and for a fair hearing to any individual whose application is denied or not acted upon with reasonable promptness. And a State must adopt regulations on the confidentiality of information as to personal facts provided in the course of administering the vocational rehabilitation program.

On the other hand, there are some areas in which a State has complete freedom of choice in developing its State plan. The State can decide whether or not to use local administration, whether or not to provide for the establishment of rehabilitation facilities and workshops, and whether or not to operate its own rehabilitation facilities or workshops.

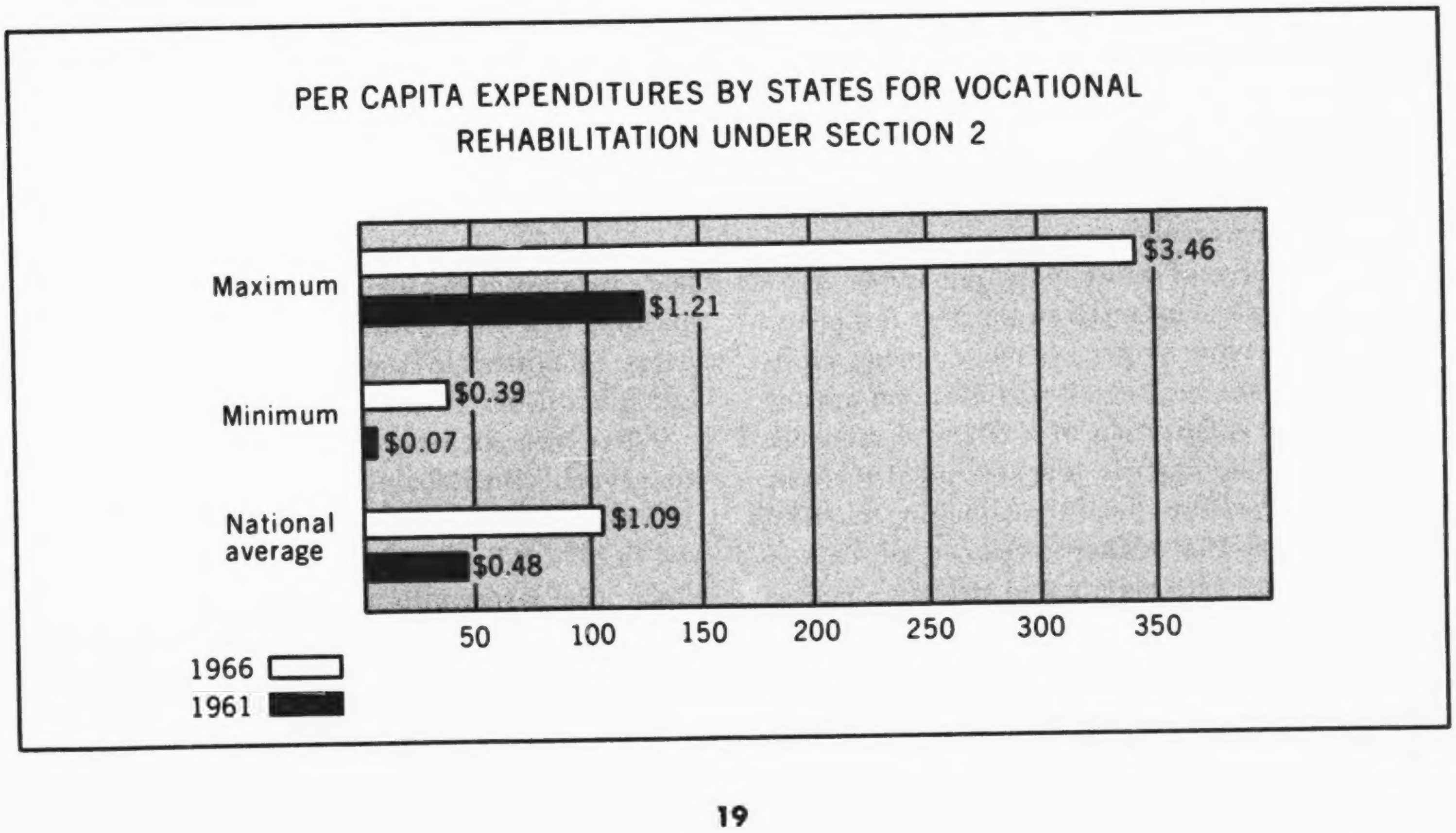
The State also has discretion in the matter of establishing a small business enterprise program under State direction and in the use of a waiver of statewideness in order to utilize local funds to augment services in a particular locality.

There are other areas where the State's discretion is limited. For example, a State may not impose an economic needs test as a condition for furnishing diagnostic and related services, counseling or placement. It may, if it desires, base some or all other vocational rehabilitation services on the economic need of the individual.

Consequently, there is a high degree of autonomy and flexibility in the administration of State vocational rehabilitation programs insofar as relations with the Rehabilitation Services Administration are concerned. Federal requirements and standards are those specified in the Vocational Rehabilitation Act and set forth in more detail in the regulations. State plans for vocational rehabilitation are approved if they meet the conditions specified in the act and regulations. Within these broad limits, the State determines the size and kind of staff it needs to operate the program, the methods under which the program is administered, the organizational structure, the degree to which authority in the State programs is delegated, the emphasis to be given to various program aspects and the financial support needed. State operations are, of course, subject to Federal review at certain key points such as the approval of the State plan or amendments to it, the audit of State expenditures and program administrative reviews.

The degree of autonomy and flexibility in State vocational rehabilitation agencies is affected by the structure and operation of State government. Key factors which have a bearing here are: the organizational location and status of the State agency, the degree to which it cooperates with other public and private agencies, the rigidity or flexibility of State rules on personnel, financial transactions, purchasing, budgeting, etc.

State Fiscal Capacity. A State's financial support of its public vocational rehabilitation program can be measured in a number of ways. Perhaps the most meaningful measure is per capita expenditures by a State for vocational rehabilitation under section 2. In 1966 the national average was $1.09. Per capita expenditures ranged from $0.39 in one State to $3.46 in another. This represents considerable growth in 5 years, for in 1961 the national average was $0.48 and the range was from $0.07 to $1.21.


PER CAPITA EXPENDITURES BY STATES FOR VOCATIONAL REHABILITATION UNDER SECTION 2

Most State funds are derived from appropriations made specifically for vocational rehabilitation. There are, however, other important sources. Public funds may be made available by transfer between State agencies or by accounting for indirect costs to the State program such as those for space, retirement, etc. A term often used is "Third-Party Funds," which means that the State share of the cost of serving handicapped individuals under the State plan is borne in part by a State or local public agency other than the designated State vocational rehabilitation agency. A "third-party" joins the State vocational rehabilitation agency and the Federal Government in the funding arrangement. The "third-party" agency actually obligates and disburses the funds, but it does this under the supervision and control of the State vocational rehabilitation agency. Third-party funding has become increasingly popular since it increases the funds available for vocational rehabilitation and provides more flexible financing and fiscal administration. Of far greater importance is the fact that such cooperative undertakings open up new program avenues for reaching disabled people, introduce new services, and provide a continuum of services among programs administered by separate State agencies.

Most States may accept contributions from private donors. These may be used to match Federal grants unless they are earmarked for a purpose unacceptable for the earmarking of public funds, such as a gift specified for the rehabilitation of a particular individual or for members of a particular organization. However, the "Laird amendment" to the Vocational Rehabilitation Act *does* provide authority for matching private contributions from private donors which are earmarked for the establishment of a particular rehabilitation facility or workshop.

Another source of State matching funds is expected to become substantial in the next few years. This is local public or private money made available to the State vocational rehabilitation agency by a political subdivision of a State to augment vocational rehabilitation services in that area. Using this procedure, made possible by the 1965 amendments, 38 States have developed all sorts of joint programs with public and private agencies as well as increased resources and services for the vocational rehabilitation of handicapped people. It is an excellent mechanism for use in "city projects" and for other target groups such as the rural poor, alcoholics, juvenile delinquents, public assistance recipients, etc. It may also be used for establishing facilities and workshops.

Use of Federal Funds. By far the largest amount of Federal funds is granted to States under section 2 of the Vocational Rehabilitation Act. The amounts authorized to be *allotted* among the states for fiscal years 1966, 1967, and 1968 are $300 million, $350 million, and $400 million, respectively. These amounts are allotted on the basis of population weighted by per capita income. The per capita income factor is squared, thus providing relatively larger allotments to low per capita income States. Matching rates are 75 percent Federal and 25 percent State.

Only a few States use 100 percent of their section 2 allotments. This is sometimes interpreted to imply that States are not making much effort since they are letting Federal funds go by the board. It should be noted, however, that the authorizations were deliberately set high in order to provide room for program expansion in those States that are in the forefront in terms of fiscal capacity. Moreover, it should be noted that a number of the States not using their full allotment have made marked increases in State financial support and that increases in allotments due to the 1965 amendments vary greatly from State to State. One State, for example, had an allotment in 1965 of $1,584,742. In 1966, its allotment was $7,501,703, almost five times as much. This State used 100 percent of its allotment in 1965 and only 29 percent in 1966, but in dollar volume the program rose from a Federal-State total of $2,263,917 in 1965 to $2,983,081 in 1966 and a program of over $4 million is anticipated for 1967.

Since most States are not now using their full allotments, the appropriation request for grants to States is lower than the authorization in the act. The appropriation request is based on State spending plans as reflected in State budget estimates submitted to the Rehabilitation Services Administration.

It has been suggested that authority to reallot would enable the Rehabilitation Services Administration to manage Federal funds more efficiently and to give full financial support to those States which need larger allotments for their fast-growing service programs. If reallotment authority is added, it probably should be limited to a relatively small percentage of the authorization, in order to avoid disruption among States whose allotments would be reduced. A better way to meet the problem would be to increase the total amounts authorized annually for allotments.

The States vary considerably in the degree to which they take advantage of the funds under different sections of the Vocational Rehabilitation Act.

States are taking maximum advantage of the *expansion grant program* either for projects conducted by State vocational rehabilitation agencies or under other public or private auspices.

All States except one have received *grants for Statewide planning.*

A number of States have not taken full advantage of funds available for *innovation grants.* This raises questions as to the value of this type of grant and the possibility of combining the innovation and expansion program under one grant system.

In the facilities area, grants for project development, facilities planning and construction, and workshop improvement are being fully utilized. *The great need expressed both by States and voluntary groups is for more funds for construction of new buildings for rehabilitation facilities and workshops.*

Voluntary Agencies And The Delivery Of Rehabilitation Services

A vitally important source of rehabilitation services in the United States is the voluntary health and rehabilitation agencies. In fact, the contribution of these agencies to the Nation's rehabilitation effort is monumental. Voluntary agencies are close to the people. Their membership often includes private citizens who, because of the disabilities of family members, are acutely aware of the needs of the disabled and are therefore personally committed to the expansion of service programs. The voluntary agencies enlist a wide spectrum of community elements in the crusade for a better life for the disabled. These elements include civic groups, management, labor, the professions, and individual laymen. The service programs operated by these agencies give poignant visibility to the problems and needs of the disabled and to modern methods for coping with them. Finally, the voluntary agencies retain a capacity for innovation and experimentation that is sometimes lacking in government-operated programs. It would be difficult to overstate the contribution of these agencies to the rehabilitation effort.

It should be noted that in the great variety of public and voluntary rehabilitation programs, some duplication exists. The extent of this duplication and the gaps in service that still remain are difficult to assess. But increasingly, governmental and voluntary agencies have become partners in these enterprises and there is reason to hope that this will eventually lead to tighter coordination of public and private effort. The voluntary agencies have helped to attract a substantial amount of the gross national product to rehabilitation programs. By the same token, the Government has supported and strengthened, often through the voluntary agencies, these same programs. Consequently, the time is now ripe for open and free discussion about the relationship between public and voluntary rehabilitation programs, including funding. This discussion will help to minimize duplication and gaps in services.

Employment Of The Disabled

Since its inception in 1920, the public program has stressed employment of the disabled client as the culmination of the rehabilitation process. A job, whether it be in competitive business, in a workshop, in a home-bound situation, or in the form of homemaker activities, is the real "payoff" of rehabilitation effort. Yet there appear to be many barriers to employment of the disabled, arising out of prejudice or lack of understanding, that must be eliminated if the disabled are to have equal opportunities in our society.

Countless man-hours by dedicated professional and voluntary workers have been devoted to attacking these barriers. Recognizing the responsibility of Government in this area, President Truman in 1947 established the President's Committee on Employment of the Handicapped to give special emphasis to the employment plight of the handicapped. The work of the President's Committee and the various Governors' and Mayors' Committees on Employment of the Handicapped has been most impressive. Many disabled persons trace their employment directly to the activities of these groups, and thousands of others have found the going easier because of the President's Committee and its public relations role, and its capacity to keep the problems and needs of the disabled in the public conscience.

Another major resource for placement of disabled persons is the network of State employment agencies which operate under the auspices of the Department of Labor. All State employment agencies accept responsibility for developing special programs for placement of the disabled and many local offices have counselor specialists who work full time attempting to locate meaningful employment for handicapped individuals. In every State there is a cooperative agreement between the State employment agency and the State vocational rehabilitation agency which serves as the basis for collaboration between the two programs on behalf of the handicapped.

Within the structure of the public vocational rehabilitation program, large investments of training monies have been made to upgrade the placement skills of rehabilitation personnel. Placement is regarded as an important staff development activity in the State agencies. Recognizing that rehabilitation is not complete until the client is working, rehabilitation counselors assume final responsibility for placement whether this is accomplished through the auspices of another agency or through the placement activities of the counselor himself.

Because of the persistent nature of problems relating to employment of the handicapped, we felt a special responsibility to look into this area. Many obstacles to employment of the disabled were encountered. These range from the employer's fear of economic loss, through emotional problems of the handicapped worker, to open prejudice against the disabled person. There is much to be done to assure satisfying and productive employment of our disabled citizens. We are convinced this will be accomplished only through the concerned cooperation of public and private agencies, business and industry, labor, the communications media, and the public at large.

Obstacles to Employment. The employer's fear of incurring economic loss by hiring the disabled was a recurring theme in all our deliberations. Employers, insurance representatives, rehabilitation professionals, and employment specialists all addressed themselves to this point. There is the opinion that, in some States, workmen's compensation commissions and courts, whose admirable mission is to assure an adequate livelihood for the disabled worker after injury, may be going beyond the original intent of workmen's compensation and awarding exorbitant cash grants to individuals. Employers fear they will incur further liability by hiring the disabled. This problem is especially severe in the so-called aggravatable disabilities in which recurrence of a given problem *might* be related to employment conditions. Such disabilities include cardiac and back problems, epilepsy, stroke, and cancer. The case of an individual in California was cited in which the family alleged that the worker's increased smoking and subsequent fatal lung cancer were the direct result of mounting emotional tensions on the job. The court agreed with the family and made an award of $150,000. The Committee heard evidence that the courts were increasingly inclined to find for the plaintiff, even in cases where the causal relationship between work and the disability was speculative at best. We are in no position to determine whether this is fact or fancy. There is a pressing need for studies in the workmen's compensation field that will reveal the situation as it is. Still, many employers are convinced the courts tend to penalize them and are therefore increasingly resistant to hiring disabled persons for whom they may be totally liable in case of further disability.

Related to this is the problem of unrealistic screening criteria adopted by certain firms. Some companies set physical and mental requirements for employment so high as to virtually exclude all handicapped persons. This is frequently done without reference to job tasks within the company. Ironically, such companies often arbitrarily screen out disabled persons whose skills the company badly needs. We are of the opinion that these rigid standards may have evolved as a reaction to company losses in cases such as those just cited.

There are additional barriers to employment of the disabled, compounded partially of bias and partially of reality. Sometimes employers decline to hire the disabled because of alleged increases in workmen's compensation insurance rates. This myth persists despite many pronouncements by the insurance companies indicating that insurance rates are not affected in the least by hiring individual disabled persons. The companies point out that two factors determine the rates, both of which involve group, not individual, computations. These are the *industry factor* and the *company experience factor*. The first involves establishing a rate based on the type of work performed by a company and its employees. The likelihood of injury to workers is obviously greater in construction companies than in a real estate office. The second factor is computed on the basis of a given firm's experience with injuries over a 3-year period. The fewer the accidents within this period, the lower the rate. Awareness of this factor induces companies to strengthen their safety programs. It can be seen, therefore, that hiring individual disabled persons does not, in itself, affect insurance rates. Still, some employers tend to use this specter as an excuse for not hiring the disabled.

Another concern among employers is the increased expense of employing the handicapped. Nearly 20 years ago a study by the Bureau of Labor Statistics suggested that the handicapped worker compares very favorably with his nondisabled coworker in terms of productivity, punctuality, man-days lost due to illness and injury, and perseverance. This study has been given widespread publicity by those responsible for placement of the disabled.

But many employers remain unconvinced. They note the lack of mobility among the disabled, the costs of installing ramps and elevators, the costs of special jigs and workbenches, the personality problems of some disabled workers, and the ever-present threat of liability suits. All these combine to make the employer skeptical when someone tells him there are no increased costs in employing the disabled. Again, the facts are not known. Comprehensive studies are needed to reveal the true situation. If such studies demonstrate that there are in fact no increased costs, so much the better. Employers might then be induced to hire more of the disabled. If, on the other hand, it turns out that employment of the disabled does mean increased costs to the employer, this should certainly be made a matter of public record. The question of employment of the disabled could then be debated in the realm of social values, and government subsidy in one form or another might be considered appropriate.

Another aspect of the employment problem relates to the performance of the disabled on the job. Sometimes the training received by the disabled employee prior to placement is not adequate to equip him to perform well in today's highly technical job market. A corollary situation is seen in the case of the individual who is *underplaced*, for example, the girl who is trained and placed as a typist although she is intellectually and emotionally capable of becoming a computer programer. And finally, the Committee heard evidence to suggest that unresolved emotional and attitudinal difficulties among the handicapped frequently constitute major obstacles to their success on the job.

All of this has obvious implications for rehabilitation agencies and personnel. If there is to be a real breakthrough in employment of the disabled, the rehabilitation client of the future must emerge from the rehabilitation process with certain characteristics. First, he must have a skill that is in demand on the job market, he must have pride in his skill and an eagerness to meet the challenges of his occupation. Second, he must have the emotional strength to allow him to accept the discipline of work and to enable him to relate satisfactorily to his fellow workers and supervisors. Translated into terms of rehabilitation services, this means better evaluation, effective personal adjustment services, complete physical restoration, comprehensive training for a skill, and judicious placement—in short, a higher quality of rehabilitation than is often available now.

In this connection, it was refreshing to hear the testimony of a severely disabled man in Detroit. This gentleman stressed the responsibility of the disabled person himself in achieving a satisfying and meaningful work life. Decrying the paternalistic, overprotective, dependency inducing tactics of some agencies, he said in effect, "As a disabled person I appreciate your concern and your willingness to give me a hand. But in the final analysis, I'm the one who will succeed or fail. Please don't take that choice from me."

Services to Special Groups

Target Groups for Rehabilitation Service. The public vocational rehabilitation program has, since its inception, served individuals with almost every conceivable disability. One of the principal strengths of the program has been its capacity to adapt to the needs of various disability groups as these needs were identified. Most disability groups have been served quite well. On the other hand, individuals with certain types of disabilities have had only limited opportunities to receive vocational rehabilitation services. Rehabilitation programs for such individuals are often no more than token efforts. Among the disability categories for which service has been less than adequate are the mentally and emotionally ill, the mentally retarded (despite remarkable advances for both groups in the past decade), the deaf and hard-of-hearing, the multiply handicapped blind (particularly the deaf-blind), the epileptic, the cerebral palsied, the spinal cord injured and those with other neurological conditions, as well as victims of stroke, cancer, and heart disease.

We noted that the volume of service provided for any disability group appears to be directly related to whether there is a voluntary special interest group promoting the needs of that group. Moreover, competition among special disability interest groups results in pressure on the administrators of public rehabilitation programs, sometimes causing distortions in program emphases. While we applaud the commitment and activity of these interest groups on behalf of their clientele, we are deeply concerned with the plight of the inarticulate masses of disabled and disadvantaged who are denied services because their cause has not been championed by a special interest group.

Beyond these diagnostically recognizable disability groups, there are a variety of groups identified by one or more sociological characteristics which deserve special mention since they encompass large numbers of disabled and vocationally handicapped individuals. Such groups include the culturally disadvantaged, the public offender, the non-English speaking population, the social security disability beneficiary, the aging, the welfare family member, and the migratory worker. For several of these, the public vocational rehabilitation program has statutory responsibilities. For example, Federal law requires that applicants for Social Security disability benefits be referred for evaluation and needed services to the State vocational rehabilitation agencies. In addition, State agencies use bilateral cooperative agreements with other public and private agencies to coordinate services to individuals who may profit from the service of both agencies. Some of these agreements are mandated by law while others are developed by mutual agreement between agencies. In none, however, is there a guarantee that the agreement will result in a meaningful intermeshing of programs. Nevertheless, rehabilitation programs do serve individuals from each of the groups named above.

The problem is that services to these groups is spotty between and sometimes within States, and in no State are the disabled in all such groups served on a comprehensive and systematic basis.

A major reason, of course, lies in the shortage of case service funds and personnel.

Another reason is the difficulty of developing viable agreements among public and private agencies. Finally, State vocational rehabilitation agencies may be hesitant about embarking on large scale programs for such groups as the socially, educationally, and economically disadvantaged in the absence of clear-cut legislative authority to do so. In the case of the disadvantaged, there are untold numbers of individuals who would be eligible under existing authority if they could be identified, and an even larger number who are vocationally, though not physically, handicapped and who could benefit greatly from vocational rehabilitation services.

We feel that if vocational rehabilitation is to make a contribution to the welfare of the nation commensurate with its potential, vastly expanded resources for serving individuals in these categorical areas will be required. This means legislative authority, case service funds and staff to do the job. It means a closer, more effective collaboration among all social service agencies, with rehabilitation playing a prominent role. Finally, we feel that adequate service in these areas can only be brought about through increasing specialization. This is because certain handicapping conditions require special techniques and skills which are not interchangeable with techniques used to overcome other handicaps.

Handicapped Children. An important category of disabled individuals for whom vocational rehabilitation services have been inadequate is handicapped children. Perhaps in no other category of disability are the capricious effects of one's circumstances of birth so dramatically evident. School health, special education, and crippled children's services may be quite adequate in the white middle class suburbs, but almost completely lacking in the inner city and in rural America. And even where such services are adequate, there is often a lack of awareness of the vocational implications of disability.

One problem we noted was the poor coordination between many school and rehabilitation agencies on behalf of handicapped children. Too often the disabled child comes to the attention of the rehabilitation agency late in his school career. This difficulty has been exacerbated by reluctance on the part of State agencies to become involved with children until age 16, the minimum working age in most States.

One factor that bodes well in this area is the recent realignment of agencies within the Department of Health, Education, and Welfare. Among other positive results, it is expected that the reorganization will bring about a closer working relationship between vocational rehabilitation agencies and those agencies concerned with the well-being of children.

Another favorable trend is seen in the advent of the cooperative vocational rehabilitation-school programs during the last decade. This development deserves special comment since it not only illustrates the flexibility of the public vocational rehabilitation program but the advantages of interagency cooperation as well.

First conceived and executed in Texas, these programs involve cooperation between the State vocational rehabilitation agency and local school systems to bridge the gap between school and work and to prevent dropouts. These are not the traditional referral and screening procedures; rather, they provide an organized program of services geared to meet the needs of disabled young people, through cooperation of the local school system, special education, and vocational rehabilitation. Their popularity has been so great that they are now spread over half the States in the Nation. In some they were undertaken as research and demonstration projects. In others they were started as extension and improvement projects (under the old act) by the State vocational rehabilitation agency. In most States they have been developed and financed under the regular program (section 2) starting in one or two school districts and spreading rapidly to other districts where there were special education programs to which vocational rehabilitation components could be added. In one State, comprehensive evaluation and service units are being set up in each public high school in the State.

Many of these programs deal primarily with the mentally retarded, although some now include services for the mentally and emotionally disturbed and the physically handicapped. The typical program emphasizes early evaluation, adjustment services, work tryout, and placement in the community. Some programs utilize workshops as part of the process while others rely on on-the-job training for work evaluation and work adjustment services. An outstanding feature of these programs is the fact that vocational rehabilitation extends its services to children at a lower age level, age 12 in some instances, and intensifies the service as the child approaches graduation.

All these cooperative undertakings stress the need for developing plans to meet the needs of the particular youngster rather than a set program to which each youth must conform. Their great value and success is due to the fact that the services begin *before* the disabled teenager becomes discouraged and drops out of school, and to the fact that they establish a meaningful continuum of education and rehabilitation services which leads to practical rehabilitation objectives.

A review of these programs convinced us that rehabilitation planning and services with a vocational goal are of great benefit to disabled children. Such programs assist the individual child by instilling confidence in his ability to become an effective, creative, productive person. Where rehabilitation is a visible entity in the school system, school personnel tend to become imbued with rehabilitation philosophy and principles, a general optimism pervades the atmosphere and curricular changes are made which enhance rehabilitation goals. The impact of these programs on the lives of children is difficult to calculate, but there can be no doubt that there have been substantial benefits. Much more needs to be done. Such programs should not be limited to children in any single disability category but must be available to all children whose special needs require them.

Correctional Rehabilitation. It is instructive to consider the correctional rehabilitation programs now operating in the country as another example of the capacity of the public vocational rehabilitation program to adapt itself to the needs of a special category of disabled persons.

Within the past 5 years, remarkable strides have been made to make vocational rehabilitation services available to public offenders. Correctional rehabilitation programs have mounted in direct proportion to the increase in national concern about crime and delinquency. Two aspects of these programs are worth consideration.

First, they typically are developed as cooperative ventures involving the State vocational rehabilitation agency and another public or private (usually correctional) agency.

Second, the full panoply of resources under the Vocational Rehabilitation Act has been utilized.

Sporadic efforts to relate vocational rehabilitation to corrections had existed since the late 1950's. For the most part, this involved assignment of counselors to correctional institutions on an itinerant basis. In this way, an offender would occasionally find his way into the caseloads of the State agency. But the effects of such service are unknown because the disability codes used to identify the cases were expressed in terms of physical or mental disabilities. No effort was made to assess the impact of vocational rehabilitation on public offenders per se. Beginning in 1963, however, State agencies began to think seriously about providing services to offenders in an organized, systematic fashion. This interest, of course, reflected the increasing national concern about crime and its terrible human and economic costs. In some instances, State vocational rehabilitation administrators initiated cooperative programs for the offender. In others, correctional officials, Governors, judges, and legislatures approached the rehabilitation agency. But regardless of its origin, the partnership between vocational rehabilitation and corrections was a healthy one from the beginning—so much so that the demand for vocational rehabilitation services from the correctional field sometimes has been overwhelming.

Generally, State correctional agencies have welcomed vocational rehabilitation into their field. Many State prisons, reformatories, and training schools lack funds for such rehabilitation services as vocational evaluation, training, and physical restoration; the same applies for State probation and parole systems whose heavy caseloads often permit only cursory supervision of offenders in the community. Traditionally, correctional agencies and institutions for juvenile and adult offenders have been short-changed when legislatures allocated funds. Consequently, vocational rehabilitation funds, personnel, and expertise have been welcome additions to their meager facilities.

Cooperative vocational rehabilitation corrections programs take advantage of every resource available under the Vocational Rehabilitation Act. Whether the program is a continuing operation under section 2 or a project approach under the innovation or expansion authorities, correctional agencies are usually more than willing to provide the required matching funds to earn Federal dollars.

And the Vocational Rehabilitation Act contributes to corrections in many other ways. Major investments of research and demonstration funds in the correctional area are providing invaluable guides to workers in the field. Both long-term and short-term training funds under section 7 have been used to prepare individuals to work more effectively with the offender. Section 12 construction funds have been used to build new correctional rehabilitation facilities.

Finally, the choice of the Vocational Rehabilitation Administration to administer a 3-year study of correctional manpower needs under the Correctional Rehabilitation Study Act of 1965 gave expression to congressional confidence in the program and solidified the commitment of vocational rehabilitation to the corrections field.

This is not to suggest there were no problems. Correctional agencies are sometimes jealous of their prerogatives and expertise in dealing with the offender, and there was some resentment at the intrusion of naive "do-gooders" who felt that most offenders, even those with severe behavior disorders, could be "rehabilitated." Vocational rehabilitation personnel were sometimes repelled by and afraid of their offender clients. In their naivete, they did make mistakes. And there were the inevitable jurisdictional problems that arise when two agencies with different traditions, legal underpinnings, and funding arrangements attempt to make their operations coalesce.

Despite these problems, however, the growth of joint correctional rehabilitation programs has been amazing. As of this writing, some 40 States have programs of this type operating under one or more of the various authorities in the Vocational Rehabilitation Act. Although it is still too early to quantify the direct benefits of vocational rehabilitation in the correctional area, it is becoming abundantly clear that such benefits are real. As with other categories of disability, the combination of comprehensive, individualized services leading to practical vocational goals has a most constructive influence on the lives of public offenders. Vocational rehabilitation services appear to be particularly effective in assisting the offender to adjust to the community, whether services are made available in lieu of or following incarceration.

It is anticipated that vocational rehabilitation will play an increasingly important role in correctional centers for adult and juvenile offenders. For that matter, it is hoped that vocational rehabilitation will participate in the establishment, construction and staffing of such centers in many cities.

Regional Rehabilitation Centers. Believing that further specialization will be required to assure adequate services to the disabled, we noted a great need for regional rehabilitation centers. In certain severe disabling conditions, the volume of cases is not large in a given area, yet they require highly specialized and intensive services.

It appears the best approach to serving individuals in these categories is through regional rehabilitation centers, which should be established for the multiply handicapped blind, those with such neurological disorders as cord injury, stroke, and epilepsy, those with communications disorders, and those suffering from drug abuse. Depending on the number of clients and the geographical areas covered, the centers might be developed for single disability groups. On the other hand, it is possible that various disability groups could be served jointly by separate units within a comprehensive center. The centers should serve individuals of all ages and should provide self-care, recreation, and part-time employment as well as the traditional vocational rehabilitation services.

To illustrate the need for such regional centers, consider the specialized problems presented by injury to the spinal cord.

Cord Injury Cases. There are about 125,000 spinal cord injury victims in this country, according to the most generally accepted statistics. Some 35,000 of them (paraplegics and quadriplegics mostly) have not received adequate care.

In paraplegia, both lower extremities are paralyzed and a portion of the trunk musculature may be involved depending upon the level of spinal cord injury. Quadriplegia involves paralysis of both upper and lower extremities and trunk musculature. Both conditions may be further complicated by bowel and bladder dysfunction, loss of sexual function and impairment of sensation and circulation in the body parts inferior to the spinal cord lesion. The psychological trauma related to the loss of so many important functions is severe and too often overlooked.

Typically, cord injured patients are admitted to general hospitals for an average of 7 months. Yet, most of these hospitals do not have the medical and other specialists and the rehabilitation services that are needed if the patients are to achieve improved functional capacity and greater economic independence. Among the needs of the cord injured are the following:

A. Reevaluation at a comprehensive medical spinal cord injury center.

B. Remedial services required because of the spinal cord injury and because of the complications following injury. The coordinated services of specialists in fields such as neurosurgery, physical medicine and rehabilitation, orthopedic surgery, plastic surgery, urology, internal medicine, and psychiatry are usually indicated.

C. A nursing team skilled in the 24-hour management of cord injury patients.

D. Physical therapists and occupational therapists, to initiate reconditioning activities, ambulation and new ways of self-care.

E. An orthotist to serve patients under the prescription of a physiatrist.

F. Social workers and rehabilitation counselors working with clinical psychologists to provide personal and family counseling, and to develop with each patient an individualized rehabilitation plan which includes a vocational goal, the vocational training needed to realize this goal, and ways of dealing with the realities of living, transportation, and maintenance of health.

Each year from 3,000 to 6,000 persons develop paraplegia or quadriplegia due to spinal cord damage. These persons need the services described above but *first* they need:

A. Transfer from the scene of injury to a hospital by ambulance, helicopter, police or fire department crews who are aware of handling techniques which do not aggravate or cause the cord injury. As President Johnson pointed out in his Health Message to Congress on March 4, 1968, "In many areas, ambulance crewmen are not even trained in first aid." This should be corrected.

B. Transfer from the admitting hospital to a cord injury medical center by the most appropriate method as soon as the condition of the patient permits. A specialist from the center should prepare the patient for transfer.

This country urgently needs a network of spinal cord injury facilities to provide prompt, comprehensive, coordinated care for paraplegics and quadriplegics. The medical spinal cord injury center should be strategically located on a regional basis and should have affiliation or cooperative arrangements with vocational rehabilitation centers and/or community workshops. Where practical, civilian cord injury centers should be coordinated with veterans' centers so that the necessary specialists can be shared. In addition, the cord injury centers should be functionally related to the Regional Medical Programs for Heart Disease, Cancer, and Stroke.

Preventive Rehabilitation

The phrase "preventive rehabilitation" is, in a sense, a contradiction in terms. Ordinarily rehabilitation is a process applied after the occurrence of a disabling condition and is not thought of as preventive in nature. Still, a strong case can be made for rehabilitation as a preventive force. There is no doubt that some, if not all, rehabilitation programs do in fact forestall or inhibit the occurrence of more distressing conditions.

We heard from many sources that rehabilitation services often come too late to be optimumly effective. Physicians informed the Committee that acute medical care continues to be the primary emphasis in hospitals and medical schools; care of the chronically ill and disabled is still a low status area for most health personnel. Many physicians are not acquainted with modern rehabilitation techniques and far too many are unfamiliar with the public vocational rehabilitation program as a resource for their patients. By the time a disabled patient comes to the attention of a rehabilitation-oriented physician, there may be residual disabilities that could have been avoided with more timely treatment.

The effect of belated services was also highlighted by testimony concerning vocational rehabilitation in the public schools. Here, too, the absence of a rehabilitation orientation by school personnel often means that appropriate services are made available too late to be of maximum value. In the same vein, counselors indicated that clients referred from workmen's compensation, and welfare agencies and some others, are frequently beyond the point of maximum benefit when first seen by the vocational rehabilitation agency. Such individuals can succumb to apathy and indifference if there is an appreciable time lag between the onset of disability and the introduction of positive rehabilitation techniques. We are convinced that the cost of delayed rehabilitation service is immense in both human and economic terms.

We wish to emphasize, consequently, that we see a role for vocational rehabilitation that is preventive in a primary sense. Not only can timely and appropriate rehabilitation services ameliorate difficulties; they can actually prevent their occurrence. In its public school programs and in its programs for the juvenile and adult offender, vocational rehabilitation is directly responsible for the prevention of disability and dependence. In these instances, vocational rehabilitation redirects the lives of young people who are moving towards emotional illness or antisocial behavior. There is little doubt that the same results would occur if vocational rehabilitation services were made available to the impoverished and socially disadvantaged. Since poverty, crime, and racial tension, all interrelated, constitute this Nation's most pressing social problems, we feel strongly that vocational rehabilitation should deploy its forces to make a maximum impact in these areas. As a preventive force, vocational rehabilitation holds great promise in each of these areas. Creation of the new Social and Rehabilitation Service, with its potential for reducing bureaucratic obstacles to delivery of services, is an encouraging, if preliminary, step in the right direction.

Volunteers in Rehabilitation

We noted with satisfaction that the role of the volunteer in rehabilitation is assuming new dimensions. Increased demands for rehabilitation services have magnified the need for both funds and personnel with which to make services possible. Regardless of the availability of funds, however, service depends on people, and the gap appears to be everwidening between the supply of professionally trained rehabilitation personnel and the demands for their service. In this area, the contribution of the volunteer looms large.

Voluntary organizations and workers can make an enormous contribution towards meeting the rehabilitation needs of disabled persons. Indeed, the rehabilitation field has seen several examples of the effective use of volunteers in both public and private agencies. We hope that involvement of volunteers in rehabilitation will increase.

The College Student as a Force in Rehabilitation. The widespread unrest evident on the college campus is one of the most interesting, if somewhat disturbing, phenomena of mid-20th century America. Although this discontent is manifested in many ways, running the gamut from activist social concern to somewhat bizarre behavior and mores, there is no question that much of the collegiate turmoil stems from a disenchantment with the structure and conduct of contemporary society. Especially noteworthy are the large numbers of young men and women who become involved in a wide range of locally and nationally sponsored community activities, demonstrating an intense concern for their fellowmen. These are the students who sit-in at civil rights demonstrations, protest those Government policies they consider morally unjust, donate their time and energy to organize neighborhood self-help projects. Whether or not one agrees with their specific political beliefs, one can find little to argue with in their sense of commitment. No longer willing to be likened to the college generation of the fifties, these youngsters demand of themselves and each other that they stand up and be counted on issues of social significance.

While it is not within the Committee's mandate to undertake an indepth analysis of this situation, it seems entirely appropriate to examine ways in which the youthful idealism and social commitment of this collegiate group can be channeled into constructive outlets in a rehabilitation context. There is reason to believe that, if the plight of the Nation's handicapped were to become the special concern of many of our students, the rehabilitation movement and the Nation as a whole would benefit enormously. If we accept a broad definition of the term "volunteer," we can proceed to look at the means through which the campus can be utilized as a source for volunteer services. There is, of course, the hope that a sizable percentage of those involved in a college-related volunteer program would be sufficiently interested and motivated by their experiences to choose rehabilitation as a career.

SPECIAL PROBLEMS IN THE DELIVERY OF SERVICE

We encountered many shortcomings in the system of delivery of service to disabled clients as we reviewed the Federal-State vocational rehabilitation program. Many such shortcomings result from inadequate funds and/or unavailability of personnel. These are dealt with in other parts of this report. Beyond this, we found problems that stem from restrictive legislation or unimaginative administrative practices. This section addresses itself to these problems.

Eligibility

A pervasive problem that perplexes both rehabilitation personnel and clients is the matter of eligibility for service. The problem centers in the language of the Vocational Rehabilitation Act and its regulations which, ironically, have the effect of dissuading some State agencies from serving large numbers of people who are vocationally handicapped.

Prior to passage of the 1965 amendments, the eligibility question was somewhat complicated but fairly well understood. Unless there was an identifiable physical or mental disability which constituted a substantial handicap to employment, an individual was not eligible. Of course there was controversy from time to time over the eligibility of a given individual. Such questions could generally be resolved, however, by recourse to legal interpretations of the three basic conditions of eligibility as they applied to the individual case. The difficulty was that only those who were clearly handicapped by a physical or mental disability were eligible. Rehabilitation personnel were concerned because many people who were severely vocationally handicapped, though only marginally disabled, were ineligible for service. The 1965 amendments clarified the concept of disability to emphasize the behavioral disorders. Behavioral disorders were specified as instances of "deviant social behavior or impaired ability to carry out normal relationships with family and community which may result from vocational, cultural, social, environmental, or other factors." The admirable motive underlying this extension was to make the program available to more disadvantaged individuals. But eligibility was still contingent on a finding that the behavior was a disability, and this led to a new set of problems.

It is unfortunate that individuals who are vocationally handicapped by the various conditions of social disadvantage must be "diagnosed" as suffering from a behavior disorder to be eligible for service. It seems particularly unfortunate to stigmatize as behavior-disordered an individual whose "deviant behavior" is an inability to hold a job because his schooling stopped at the second grade.

Vocational rehabilitation, with its history of service to handicapped people, needs a law and implementing regulations which are straightforward in their intent to serve all those who are vocationally handicapped, regardless of the cause. Many of our citizens, in addition to the physically and mentally disabled, are vocationally handicappped. The economically deprived, the socially and culturally disadvantaged, the public offender and the illiterate are included in this larger group. Vocational rehabilitation has always had a vocational focus and should continue to do so. The major thrust of the program should be to assist individuals to achieve a measure of economic independence commensurate with their potential, regardless of the nature or origin of the handicapping condition.

The Counselor's Dilemma

We are convinced that the key to successful rehabilitation lies with the personnel who perform counseling and other direct rehabilitation services. Among such individuals, the all important figure is the vocational rehabilitation counselor. Without the counselor, the entire program loses its impact.

For these reasons, we were distressed to learn that the vocational rehabilitation counselor often finds himself in a condition of crisis today. Overwhelmed by large case loads, pressures for "closures," excessive administrative chores and limited case service funds, the dedicated counselor is often forced to "compromise his conscience," his original concept of working closely with handicapped clients frustrated by the harsh realities of the job. When this occurs, he frequently makes one of two choices: (*a*) to leave the vocational rehabilitation field (the turnover rate among counselors in one State in 1966 was 38 percent), or (*b*) to accede to job pressures, do what is expected of him and repress much of the idealism with which he entered the rehabilitation field.

The first alternative is particularly attractive when the counselor sees his colleagues leaving for higher paying jobs with other agencies where there are considerably fewer job pressures. Evidence suggests that it is sometimes the best counselors who choose this way out.

The counselor crisis is further complicated by a lack of real professional identity. During his training years, he learns to view himself as a counselor, one who counsels on a face-to-face basis with people in distress, one who uses his own personality as a tool in assisting others to find themselves. This self-image is often altered when he begins work in a State rehabilitation agency. He quickly learns that he is judged by his superiors, at least in part, on the basis of his efficiency as a closer of cases, as a lobbyist to the power structure, or as an expert case recorder. He learns, moreover, that these demands are not the impositions of malicious administrators but rather the reflections of reality as seen by those administrators. Unfortunately, the administrator's reality is not always congruent with the counselor's reality. Necessary as some of these "noncounseling" functions may be, they severely decrease the time the counselor can spend with his client.

Perhaps the most damaging force to the counselor's self-concept, and increasingly to the image of the entire vocational rehabilitation program, is the so-called "numbers game." The pressure, whether expressed or implied, to demonstrate substantial increases in the number of people rehabilitated is very real. The effect is to dispose the counselor to seek out the "easy" case, the person who can be made employable with a minimum expenditure of agency time and money. As a result, the difficult case—the severely disabled, multiply-handicapped person who most desperately needs help—is shunted aside as "not feasible." Quality of service is thus sacrificed for expediency. In sum, the "numbers game" results in a perversion of both program objectives and counselor job satisfaction.

We noted that, in line with the trend toward increasing specialization, there are needs for different kinds of rehabilitation counseling personnel.

Certain rehabilitation settings call for counselors whose talents lie in the "treatment" area. For example, counselors working exclusively with the mentally ill or with the public offender must have a special sensitivity to the psychodynamic makeup of their clients. They must be therapists first and job specialists secondarily.

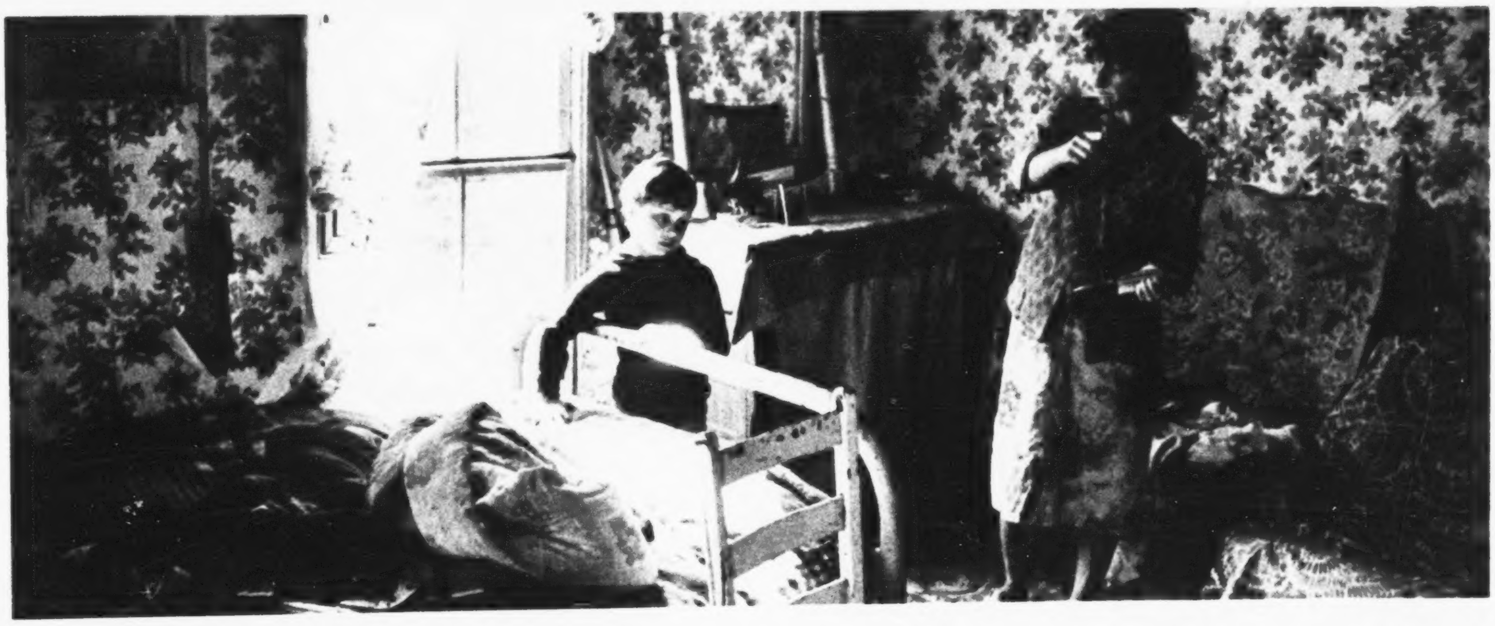
Other counselors with general caseloads often make their greatest contribution as coordinators and arrangers of rehabilitation services. This presumes an indepth knowledge of public and private resources in the community as well as skill in working effectively with representatives from these community resources.

Still another category of counselors works most effectively as placement specialists.

We feel that counselor training and recruitment programs must be responsive to the various functions required by the vocational rehabilitation process. Counselor identity and job satisfaction should be high priority items in both training programs and employing agencies.

Rehabilitation Aides

The aide is something of a departure from the traditional concept of the volunteer, the primary distinction being that the aide is paid for his services. Within recent years, the rehabilitation



aide has demonstrated a capacity to answer one of the basic questions in rehabilitation: how to assure that the people who need the services get them.

The serving professions, including vocational rehabilitation, have traditionally been the province of middle class personnel with middle class mores and values. But as professionals have become aware of the needs of persons in the disinherited lower income groups, their attempts to serve this group have sometimes been thwarted by barriers of mutual distrust and rigidity. Ghetto residents, isolated from the larger society by economic and educational deprivation, tend to see rehabilitation personnel as members of the suspect "establishment." They resent the paternalism of the professional who sees himself as the purveyor of the "good life" and they challenge him to take a new look at his own attitudes and values.

In this context, the aide has emerged as a direct link between the community and the State rehabilitation agency. Selected partly because they are themselves products of a disadvantaged environment, aides have proven their worth in both urban and rural settings. Because they know both the agency and the local neighborhoods, aides can often cut through the red tape entangling the system of delivery of services. Communication between agency staff and ghetto client is vastly improved when the dialogue is conducted by a ghetto resident who is trained and employed by the agency. The aide can often go where the counselor feels strange, where doors are closed to him. Through contacts in the neighborhood, aides can stimulate job openings within the community itself. Finally, the aide can free the professional from routine administrative chores so that he can concentrate on duties for which he is specifically trained.

There are unresolved problems in the utilization of rehabilitation aides. Questions relating to their selection and training, their relationships with professionals, and their relationships with clients, remain to be settled by experience. There is little doubt, however, that the aide will continue to make an increasingly valuable contribution to the rehabilitation movement.

Communication With Clients

Earlier in this report it was noted that many Americans are not aware of the services of the public vocational rehabilitation program. Chapter VII deals specifically with the question of informing the various publics about the program. Yet there is the further question of communicating with disabled individuals who do become clients of the vocational rehabilitation agencies. We found that, too often, the client of the State agency is dissatisfied with the services he receives. The client may feel that the vocational objective chosen was arbitrarily picked by the counselor and that he, the client, did not really participate in making the choice. They are understandably disturbed when there are abrupt terminations of service because case service funds are exhausted. Or the client may react negatively to what he perceives as cold, impersonal treatment at the hands of agency personnel. In some instances clients feel they are improperly served because of the counselor's prejudice against the client as a member of a minority group. Other clients resent what they consider to be paternalistic attitudes in agency personnel which leave the impression that they are being proffered a service out of bureaucratic benevolence. Some consider service as demeaning help presented under the "welfare" stigma. Finally, some clients are convinced they have been deprived of the full range of services to which they are entitled by law.

We do not wish to overemphasize these negative reactions to the rehabilitation agencies. It is likely that there are fewer such reactions to vocational rehabilitation agencies than to most other agencies in the social service field. Moreover, the regulations governing the Vocational Rehabilitation Act make it mandatory that each State agency establish a system for administrative review of agency actions so that clients may receive a fair hearing for complaints. Some State agencies use an appeal system quite effectively. Still, good rehabilitation services are among the most personalized of all human services. Rehabilitation agencies should thus be responsive to human feelings, attitudes and complaints to a degree that transcends other helping agencies. To the extent that rehabilitation agencies can deal with the uniquely human characteristics of their clients, and only to that extent, will they be able to enlist the motivation for self-improvement that lies within each handicapped person.

Consequently, we believe that State vocational rehabilitation agencies should take the lead to insure that they are responsive to clients' reactions to the agency, whether these be positive or negative. One of the best ways to accomplish this is to assure that the system for administrative review is firmly established, well understood, and efficient. States with informal, seldom-used appeals procedures should take steps to formalize and reinforce these systems. This would guarantee the right to a fair hearing in those cases where an infringement of basic rights is at issue.

However, appeals systems may themselves become mechanistic and impersonal and, at best, be used only as "courts of last resort." There remains a great need for a method which will reassure the client that his own wishes and concerns are given weight by the agency. It is possible that a rehabilitation agency staff member on the supervisory level assisted by a rehabilitation aide, could perform a valuable function by serving as an "ombudsman" within the agency. This person would be, in effect, a troubleshooter whose job involved hearing and following up on complaints from clients. He would be the client's advocate in dealings with the agency and, at the same time, would interpret agency policy and procedures to the client. With clients who had difficulty in relating to agency personnel and procedures, the ombudsman would attempt to arbitrate misunderstandings so as to align the agency and the client toward mutually advantageous goals. He could thus provide an invaluable bridge across the communications gap that frequently interferes with the rehabilitation process. Not only could clients be led to accept the realities of agency policy and procedures, but the agency would have a built-in method for identifying those practices that stifle or obstruct client (and hence agency) progress.

There is an additional need for someone who can supplement the work of the counselor in securing services from other agencies. The ombudsman would have to have additional staff if he were to be responsible for this function.

Transportation

In each of our hearings across the country, we received testimony on the tremendous difficulties encountered by disabled individuals in the realm of transportation.

Cab fares used up all but $8 of the weekly take-home pay of a disabled girl in Washington, D.C. who was determined to work. Many disabled persons are unable to participate in rehabilitation programs because they cannot get to the source of the services. Others, who have learned new skills, cannot find jobs that pay well enough to realize any income after transportation costs are deducted.

Public transportation facilities are pitifully inadequate to accommodate even the slightly disabled. Unless they are fortunate enough to have their own specially equipped automobiles, persons in wheelchairs are utterly dependent on the availability of friends or relatives for transportation. Such difficulties were seen in their most dramatic form in the vast, uncharted reaches of Alaska. But the problem of the paraplegic in New York City whose only mode of travel is the subway is no less acute.

We learned of several voluntary groups which have organized to transport handicapped children to school. There is little available for the multitude of disabled adults whose rehabilitation is dependent on their ability to move about.

We were encouraged to see that at least some steps are being taken toward finding some answers to this problem:

The studies of the National Commission on Architectural Barriers, although aimed primarily at the accessibility and usability of buildings by handicapped people, has directed some of its attention to the closely-related question of transportation.

The Rehabilitation Services Administration recently arranged for, and secured a report on, the transportation problem through a nationally-known private consulting firm, with particular attention to the question of providing some type of tax relief for handicapped people for the additional costs incurred in getting to work and back.

The Department of Transportation is in the early stages of a rather sizable study of transportation problems of handicapped people.

The President's Committee on Employment of the Handicapped has appointed a standing committee on the subject.

Each of these efforts should be strongly supported—by government, voluntary groups and the private sector—with all the resources and concentrated attention it requires to bring this transportation problem under control.

Public and Private Efforts on Behalf of the Disabled

As noted previously, satisfactory coordination of all public and private rehabilitation efforts remains to be accomplished. It is obvious to us that the public vocational rehabilitation program alone will never be able to do the total job that needs to be done in the rehabilitation of all categories of handicapped persons, nor should it. The future of the public program does not lie in expansion to the point where it can be all things to all people. It must establish, develop, or improve coordinated methods for working with other agencies and convince such agencies of the need for and value of vocational rehabilitation. Public and private efforts on behalf of the handicapped, in the best American tradition, must be complementary, mutually supporting and mutually stimulating.

Since the passage of the 1965 amendments there is new hope for further cooperative efforts among agencies by virtue of the statewide planning programs now underway in the various States. It is reasonable to expect that new cooperative arrangements will emerge from this planning activity. Within the realm of federally sponsored programs, the creation of the Social and Rehabilitation Service within HEW gives promise of more meaningful cooperation among those agencies affected by the new structure. Nevertheless, there appears to be a need for expanding cooperative rehabilitation programs through legislative fiat, including rehabilitation activities in the private sector of the economy. An excellent possibility would seem to lie in an extension of the third-party concept to include the private sector.

Organization of the Rehabilitation Services Administration

We heard much testimony suggesting that the nation's rehabilitation effort would be strengthened by certain administrative changes within the Rehabilitation Services Administration.

The most common complaint from State vocational rehabilitation personnel had to do with the inability of regional offices to provide timely and effective consultation to the States, and to provide quick, definitive answers to policy questions. This problem appears to relate directly to staff shortages in both regional offices and the central office of the Rehabilitation Services Administration. We are convinced that the salaries and expenses budget for the Rehabilitation Services Administration has not kept pace with the sharply-expanded responsibilities imposed by new laws, increased programs and rising grant funds. We see this difficult staff situation as a penny-wise and pound-foolish policy.

There appear to be other difficulties beyond the personnel shortage per se. State agency people suggested that two-way communications between the State and Federal components of the program are often ineffective. This results in a lack of responsiveness in both directions: on the one hand, States feel the Federal office is slow to sense new program needs and ideas at the grassroots level and, on the other, States are not alerted quickly and effectively to national concerns and priorities. The Federal apparatus frequently follows rather than leads the States with the result that excellent opportunities for program development are lost. The vacuum is filled by other programs whose prime responsibility is not vocational rehabilitation, thus adding to the proliferation of agencies and programs.

Finally, State agency personnel, as well as representatives from private voluntary agencies, find it difficult to understand the necessity for so many grant programs under the auspices of the Rehabilitation Services Administration, with their varying requirements, matching ratios and objectives. They see such diversification as compounding an already confusing multitude of grant programs in the Federal bureaucracy. Because of this, vocational rehabilitation is in danger of losing one of its most desirable features—its flexibility.

Continuation of the National Citizens Advisory Committee on Vocational Rehabilitation

Since the only constant in today's complex world seems to be change, the vocational rehabilitation program in the United States must be flexible enough to adapt to the real needs, present and future, of the Nation's disabled and otherwise vocationally handicapped citizens. The Rehabilitation Services Administration must be in the forefront, both in evaluating the programs it now supports and in continually assuring itself that the programs are compatible with social, medical, educational, and other changes as they occur.

We feel strongly that to assure such flexibility, a permanent mechanism for objectively evaluating the Nation's rehabilitation effort should be established. The purpose should be two-fold: (1) to continually evaluate the public vocational rehabilitation program and its progress in achieving its objectives, and (2) to continually assess the relationship between the public vocational rehabilitation program and the rehabilitation efforts of other public and private agencies. The National Citizens Advisory Committee could serve as such a mechanism. This would go a long way toward assuring effective rehabilitation services for those who need them most. It could perform the role of ombudsman for the clientele and potential clientele of the Rehabilitation Services Administration.

New Patterns of Service

Analysis of the problems associated with delivery of services points to the need for more imaginative deployment of scarce rehabilitation personnel. It is no longer defensible to install counselors in the traditional district office and expect the eager client to come to him for service. Services must be accessible to people where they live and an important aspect of this is aggressive case-finding.

This immediately points to a need to decentralize and disburse vocational rehabilitation offices in the major population centers. As a minimum, the case finding and evaluation functions should be performed at neighborhood branch offices. It also implies a much greater use of the multi-service center programs referred to previously. Such centers permit easy access for the disabled, not only to the vocational rehabilitation agency, but also to other health, welfare, and employment agencies which work in concert. They have the further advantage of giving local visibility to the rehabilitation process.

We were troubled by the inadequacy of service in rural areas. Consequently, we support the suggestion that State agencies establish mobile teams of rehabilitation specialists who can take appropriate professional services directly to the disabled in rural areas. Such teams are especially needed to work with disabled children in rural areas where school systems lack adequate special education programs.

Finally, we were impressed by some of the newer administrative devices and techniques that have proven their effectiveness in certain rehabilitation settings. These include such methods as automatic data processing, automatic referral arrangements, block referrals, group techniques for intake, counseling and placement, and token payments as a tool for motivation. Since appropriate use of these methods can cut down delays and enhance the quality of service, we urge a much broader application of these methods in State agencies.

RECOMMENDATIONS

The Public Vocational Rehabilitation Program

We recommend increases in appropriation authorizations for vocational rehabilitation purposes and that such authorizations be in the amounts necessary to provide the new and expanded services recommended in this report.

We recommended that State, municipal, and private agencies be required to furnish no more than 10 percent of program costs in order to earn Federal funds for vocational rehabilitation purposes.

We recommend that Federal funds be made available, through State vocational rehabilitation agencies, to develop and expand rehabilitation programs under the auspices of other public and private agencies, in those cases where the State agency certifies that bona fide vocational rehabilitation programs meeting State and Federal requirements will be operated.

Voluntary Agencies and the Delivery of Service

We recommend that the public vocational rehabilitation program do all within its power to strengthen the private, voluntary agencies in the rehabilitation field. The comprehensive statewide planning in rehabilitation now underway in nearly all States provides an excellent vehicle for accomplishing this cooperative effort. Specifically, such planning should provide for effectively coordinated rehabilitation programs among public and private agencies with respect to establishment of rehabilitation facilities and service-giving programs.

Employment of the Disabled

We recommend that a series of conferences be held, involving management, labor, and government, to develop reasonable and realistic approaches to determining job demands. Such conferences should go a long way toward eliminating obstacles to employment now created by unrealistic employment screening standards.

We recommend that employers be encouraged, through government subsidy if necessary to set up on-the-job training programs within industry so that disabled individuals can demonstrate to industrial personnel at all levels their ability to meet job demands.

We recommend that the Social and Rehabilitation Service support research and demonstration projects that will provide comprehensive evaluations of the performance of the handicapped in employment situations. Such studies should include costs to the employer of employing the disabled.

We recommend that the Rehabilitation Services Administration take the lead to assure more effective coordination among agencies seeking jobs for the disabled, thus minimizing the problems resulting from too many agencies contacting the same employer.

We recommend a concerted effort to involve trade associations and professional groups in programs and projects for employment of the handicapped.

We recommend that all rehabilitation agencies give special attention to skill development and personal adjustment services. This is absolutely vital to assure that the disabled are trained to meet the needs of industry and that their attitudes and insights into the world of work are such that they will be an asset to an employer.

We recommend that there be an expanded effort to prepare more disabled persons for jobs in the distributive and service fields. A good example is retailing which comprises 40 percent of all business and which includes 800 different job classifications suitable for men and women.

We recommend that employers and unions be urged, through collective bargaining, to establish programs to assure continued employment for employees who become disabled and provide employment for other disabled members seeking work.

We recommend that welfare policy permit a recipient to keep up to a set amount of earnings during training without a reduction in welfare payments. This would serve as an incentive to disabled welfare recipients to seek rehabilitation and subsequent employment.

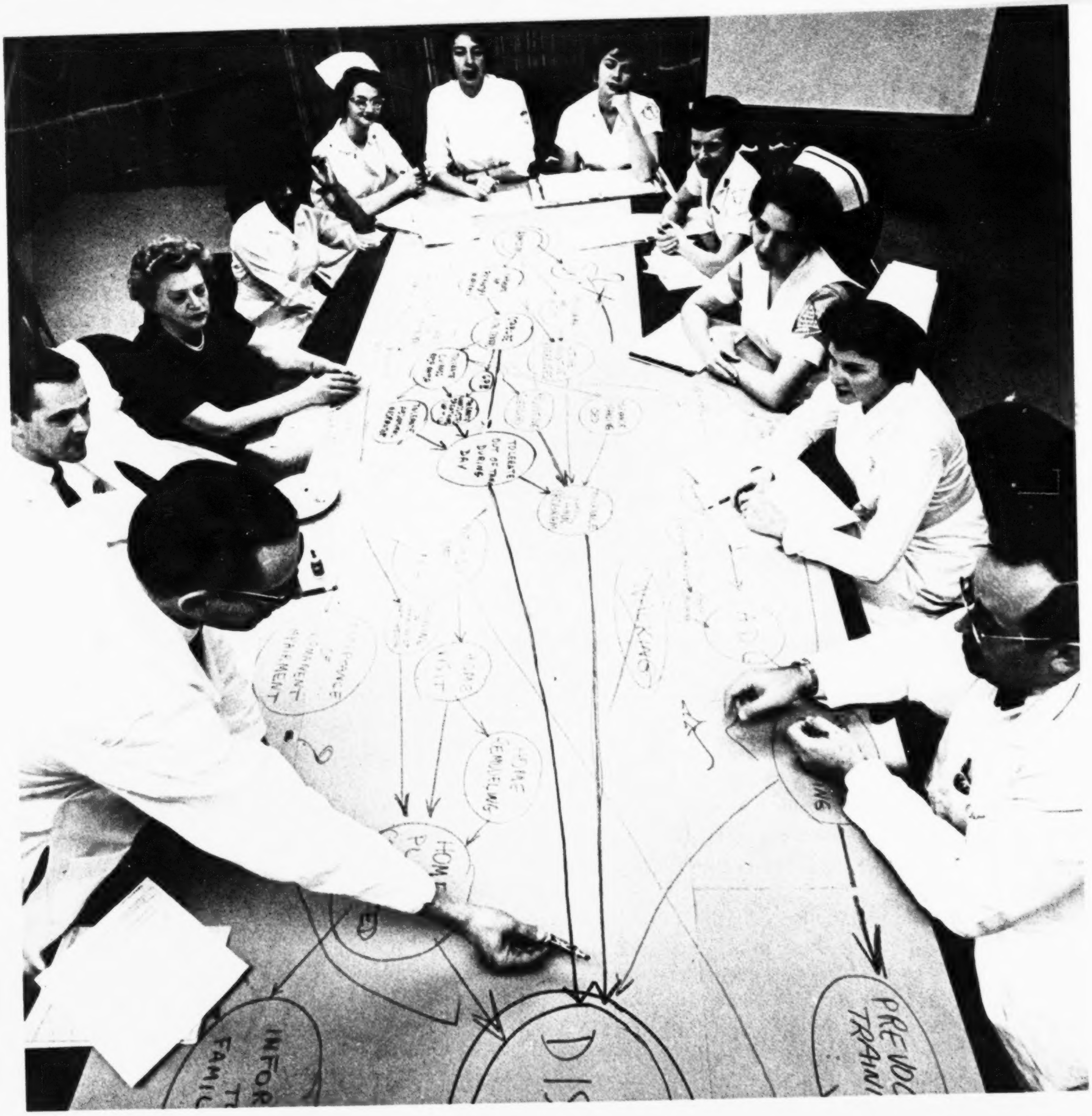
We recommend that Federal funds be made available to match State funds for the important public information work carried on by the President's Committee on Employment of the Handicapped and its State and local counterparts.

We recommend that State workmen's compensation commissions and State vocational rehabilitation agencies establish necessary agreements to insure that individuals on the workmen's compensation roles who need and can benefit from vocational rehabilitation services do, in fact, receive them. Minimal Federal standards should govern these agreements and they should specify that, wherever appropriate, the workmen's compensation agency would arrange for certain services from the State vocational rehabilitation agency.

We strongly recommend comprehensive studies of workmen's compensation cases to determine the facts related to the resistance of employers to hiring disabled persons with aggravatable conditions where there is a possiblity of fixing liability on the employer in the event of future aggravation.

We recommend that positive action be taken to broaden and equalize second injury provisions so that liability for second injuries or aggravations is not the total responsibility of the last employer.

We recommend the increased use of placement advisory committees comprised of leaders from industry, labor, and the community. These committees have been used to very good effect by some rehabilitation centers and agencies not only for placing the disabled but for informing the community about rehabilitation.



Target Groups for Rehabilitation Service

We recommend that the Rehabilitation Services Administration strengthen its mechanisms for promoting and developing vocational rehabilitation programs for special disability groups. This should include substantial increases in central and regional office professional staff who are charged with providing program stimulation to, and technical consultation for, public and private agencies concerned with the special disability groups noted in this report.

We recommend that the Rehabilitation Services Administration expand its training resources to meet the needs of specialized rehabilitation personnel working with particular disability groups. For example, counselors having a sizeable deaf and hard-of-hearing clientele need training in sign language. Similarly, counselors need training to develop new employment opportunities for the blind.

We recommend that regional rehabilitation centers be developed to provide comprehensive rehabilitation services for different categories of the severely disabled whose numbers necessitate a regional approach. Centers should be developed for the multiply-handicapped blind, those with such neurological disorders as cord injury, stroke, and epilepsy, those with communications disorders, those suffering with the infirmities of age, and those involved in drug abuse. Depending on the number of clients and the geographical areas covered, the centers might be developed for single disability groups. On the other hand, it is possible that various disability groups could be jointly served through separate units within a comprehensive center. The centers should serve individuals of all ages and should provide self-care, recreation, and part-time employment as well as the traditional vocational rehabilitation services.

We recommend that the Rehabilitation Services Administration assume the leadership in establishing one or more college programs with specially designed curricula and supportive services for emotionally disabled youths who can benefit from college training. In program development of this nature, the Rehabilitation Services Administration should serve as a stimulant for direct involvement by such agencies as the National Institute of Mental Health and the Office of Education.

We recommend that the small business enterprise program be expanded to provide employment for many handicapped individuals who can best function as independent proprietors of small businesses.

We recommend that the Vocational Rehabilitation Act be amended to recognize that work with the family of handicapped individuals is often essential to the successful rehabilitation of the client, and to include provision of appropriate rehabilitation services to family members.

We recommend that the public vocational rehabilitation program provide services to all visually handicapped persons. At present, there are 36 separate agencies for the blind, 27 of which already provide services to those whose visual handicaps are less than that specified as legal blindness. Other agencies also should be encouraged to extend their services in this manner.

We recommend that the Rehabilitation Services Administration provide for the establishment of additional workshops to offer employment to the multihandicapped blind and to provide part-time employment for other blind workers.

We recommend that the Randolph-Sheppard Act governing the vending stand program for the blind be amended to bring it in line with modern competition.

Handicapped Children

We recommend that vocational rehabilitation agencies take the initiative to establish cooperative school-rehabilitation programs in all schools, public and private, in both urban and rural settings.

We recommend that vocational rehabilitation agencies cooperate with the schools to establish a central repository of health and rehabilitation records.

We recommend that vocational rehabilitation personnel conduct evaluations of disabled children for rehabilitation purposes at regular intervals during the elementary and junior high years—for example, at ages 8, 12, and 14, with a view toward preparing the child for a meaningful adult vocational career, and that Federal and State rehabilitation staffs develop cooperative arrangements for this with the Office of Education and State and local school officials.

We recommend that legislative authority be extended to permit physical restoration and other vocational rehabilitation services for any child who needs them, where such services are not available from another source.

Correctional Rehabilitation

We recommend that the Vocational Rehabilitation Act be amended to provide a new section on correctional rehabilitation which would permit Federal grants to State, county, and municipal correctional institutions and agencies, and to State vocational rehabilitation agencies. This section should emphasize preventive rehabilitation services at community-based correctional centers, probation and parole agencies, and local jails.

Preventive Rehabilitation

We recommend that the Rehabilitation Services Administration take the initiative to emphasize early referrals in all its various programs. Among other techniques, this should include assignment of counselors to general hospitals, improvement of working relationships with workmen's compensation, Social Security and welfare agencies to expedite early referrals, and involvement of vocational rehabilitation with special education programs in the schools during the early elementary years.

We recommend that the Vocational Rehabilitation Act be amended to provide that any vocationally handicapped person has the right to evaluation of his rehabilitation potential, and that additional Federal funds be made available to construct, equip, staff, and operate vocational evaluation and adjustment centers.

Eligibility

We recommend that the Vocational Rehabilitation Act be amended to provide that, with respect to criteria of eligibility for vocational rehabilitation services, program services would be available to individuals suffering vocational handicaps regardless of the cause of such handicaps. Vocational handicaps arising from physical or mental disability would continue as the major thrust of the program but in addition, individuals suffering vocational handicaps arising from cultural, educational, social, and economic disadvantage would also be a major responsibility of the public vocational rehabilitation program, and the solution to the problems of vocational handicap associated with deprivation and disadvantage would be reached by a coordinated effort of those agencies with a direct stake in providing services to these groups.

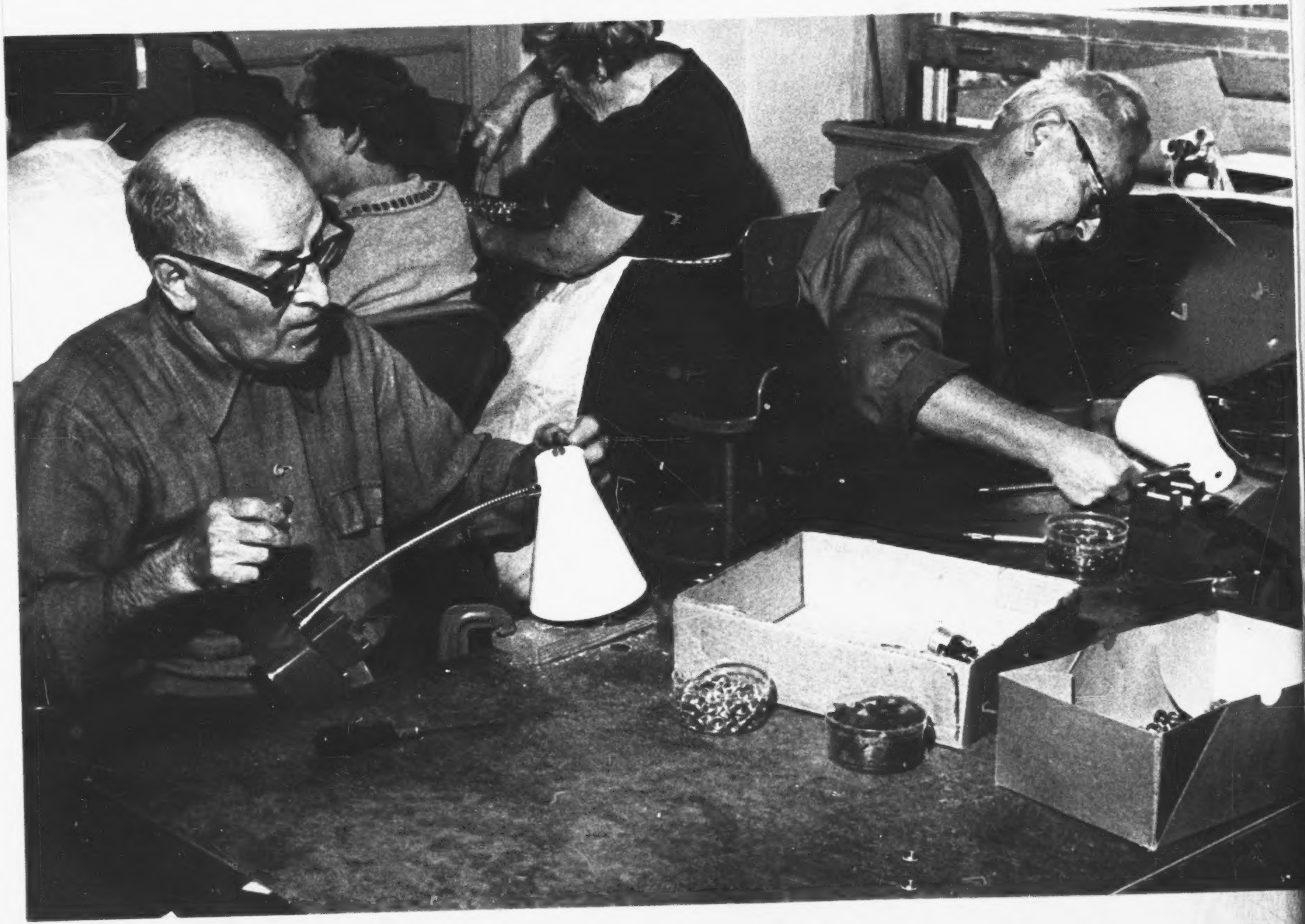
In carrying this recommendation into practice, it will be important that (*a*) there be a substantial increase in Federal funds, to permit the State agencies to make a real impact in this field without doing it at the expense of the severely physically disabled; (*b*) present cooperative work with manpower, poverty, educational and other related programs be intensified; and (*c*) in the initial phases, at least, there be great emphasis on evaluation and work adjustment services, including the facilities and special staffing required.

We recommend that the act be further amended to provide that no State shall apply economic means tests as a basis for denial of any vocational rehabilitation service.

The Counselor's Dilemma

We recommend that the Rehabilitation Services Administration take immediate steps to devise a more equitable system for giving counselors credit for their work. Such a system should give greater recognition for the rehabilitation of the severely disabled than for rehabilitation of the minimally disabled.

We recommend that Federal funds for training, recruitment and retention of rehabilitation personnel be vastly increased to permit the development of many new "client-contact" personnel in the rehabilitation field. In the training area, such funds should emphasize the development of



increasing numbers of sub-professional aides, including those drawn from the disabled population.

Transportation

We recommend that the Rehabilitation Services Administration set up discussions with officials in the Department of Transportation to develop cooperative plans and programming to alleviate the transportation difficulties of disabled citizens.

We recommend that the Rehabilitation Services Administration propose legislation that would permit tax credit for certain transportation costs of disabled persons.

We recommend that the recommendations of the National Commission on Architectural Barriers with respect to transportation of the disabled be fully supported.

We recommend that the Rehabilitation Services Administration, through its various auspices, explore and develop new methods and techniques for effectively transporting the severely disabled. The use of volunteers would seem to be a particularly fruitful resource.

Organization and Operation of Rehabilitation Services Administration

We recommend that the Rehabilitation Services Administration Salaries and Expenses appropriation be substantially increased to permit effective administration of all sections of the Vocational Rehabilitation Act, and related responsibilities.

We recommend that the Rehabilitation Services Administration take responsibility for arranging an objective, in-depth study of its own organizational structure with a view toward upgrading its administrative effectiveness, particularly in the area of program development at the State and local levels.

We recommend that the Vocational Rehabilitation Act be amended to consolidate various grant mechanisms for support of rehabilitation service programs at the State and local levels in order to enhance administrative flexibility and to minimize confusion in the minds of potential grantees.

We recommend that the Rehabilitation Services Administration evaluate the individual final reports of the statewide planning projects and consolidate the findings in order to provide national data and guidelines for the individual States as well as for the furtherance of national goals and program development.

We recommend that the Rehabilitation Services Administration assume continuing responsibility in the area of statewide planning to assist the regional offices and the individual States in implementing the recommendations relating to all aspects of rehabilitation services and programs.

Continuation of the National Citizens Advisory Committee on Vocational Rehabilitation

We recommend that the National Citizens Advisory Committee on Vocational Rehabilitation or its equivalent be established by statute as a permanent advisory group to the Rehabilitation Services Administration, and that the membership represent a broad spectrum of both lay and professional interest in vocational rehabilitation.

We recommend that such a National Citizens Advisory Committee on Vocational Rehabilitation be staffed and supported in a manner which will assure effective evaluation of vocational rehabilitation programs at all levels—Federal, State, and local.

New Patterns of Service

We recommend that vocational rehabilitation offices be decentralized and disbursed in major population centers to provide service in neighborhoods where disabled people live. As a minimum, the case finding and initial evaluation functions should be performed at neighborhood branch offices.

We recommend that vocational rehabilitation agencies take the initiative to establish one-stop, multi-service centers in ghettos and other areas where the incidence of disability is high.

We recommend that such one-stop multi-service centers be authorized to provide services on an instantaneous basis so that disadvantaged disabled persons will not be crushed and further alienated by long delays.

We recommend that vocational rehabilitation agencies employ a vastly increased number of rehabilitation aides (bi-lingual if necessary) from the neighborhoods where service is to be provided.

We recommend that vocational rehabilitation agencies establish mobile teams of rehabilitation specialists who can take appropriate professional rehabilitation services directly to the disabled in rural areas.

We recommend that State rehabilitation agencies adopt to the widest extent possible many of the newer administrative devices and techniques that have proven effective in cutting down delays and enhancing the quality of service.

CHAPTER IV

PROVIDING REHABILITATION SERVICES IN FACILITIES AND WORKSHOPS

CHARACTERISTICS OF REHABILITATION FACILITIES

Rehabilitation facilities are to the rehabilitation counselor what the hospital is to the doctor. They furnish the setting for accomplishing what the counselor and the rehabilitation agency cannot do as well on an individual basis. In general they furnish a place, building, staff, and other resources which, when properly used and directed, can contribute enormously to the rehabilitation of disabled people.

Though the terms are somewhat overlapping and more precise definitions are needed, common usage generally implies two separate kinds of operations under the term *rehabilitation facility*. These are the *rehabilitation center* and the *sheltered workshop*. Of the two, the rehabilitation center is the broader program. A *rehabilitation center* typically provides medical, vocational, social and psychological diagnosis, medical treatment, social casework, supportive counseling and psychotherapy, work adjustment and work evaluation, skill training and placement, and may even include paid-work activities. Professional, technical, and clerical personnel make up the team which provides these comprehensive services on a systematic basis. The center may emphasize a particular service such as medical service or vocational training.

The *sheltered workshop*, on the other hand, exists to provide employment for disabled persons who, for one reason or another, find it difficult to work in competitive industry. Vocational evaluation, work adjustment, and vocational training may be included in the workshop program, but the core activity in any case is paid employment. Work to be performed usually comes into the workshop on a contract basis from private industry.

The workshop may be transitional in nature, retaining the disabled employee only until he has the skills and strengths to compete in private industry. Or it may provide extended employment for persons who can never be expected to compete vocationally outside the workshop. Occasionally, a team of professional specialists is available to provide medical, psychological, social and vocational services to clients of a sheltered workshop. In such instances, the workshop takes on the dimensions of a rehabilitation center, thus compounding the problem of clear-cut definitions.

In general, rehabilitation facilities have certain unique features in common that lend importance to their role in rehabilitation. They usually use the *team approach* with a variety of specialists who are able to harmonize and synchronize their services and to focus and refocus them on the changing needs of the disabled person as he proceeds toward the goal of rehabilitation.

Frequently, facilities provide *comprehensive* services although a given facility may specialize in one or two particular services which it strives to perform exceptionally well.

Facilities may be *multidisability* in scope, serving people with different kinds of disabilities, or they may serve only those with one disability—as blindness.

Facilities provide a *protected environment* wherein the disabled person may be motivated, trained, and supervised, free from some of the distractions of society.

Moreover, facilities tend to furnish uniquely *specialized services* for disabled people. In a rehabilitation center, for example, vocational training is organized rather differently than it would be in a trade school because of the special problems presented by the disabled students.

The vast majority of rehabilitation facilities are privately owned and operated. The private voluntary agencies have led the way in establishing rehabilitation centers, workshops, activity centers and other facilities. They usually are administered by a board of directors which typically is composed of outstanding community leaders. With this responsibility, these prominent citizens become knowledgeable in rehabilitation. Their influence immediately reaches beyond the facility in question to the general public, to legislators, industrialists, and others whose cooperation and support is of extreme importance to rehabilitation. Moreover, these privately owned facilities also raise substantial amounts of money from the community which reduces to some degree the public cost of vocational rehabilitation.

GOVERNMENT INVOLVEMENT IN FACILITIES PLANNING AND DEVELOPMENT

The involvement of vocational rehabilitation in facility development began in 1954 when Public Law 565 was passed, providing certain authority for programs in the workshop and facilities area. Under that act, facilities and workshops could be expanded, remodeled or altered to increase the effectiveness of a given facility or workshop. In the case of facilities, initial staffing could be provided for 1 year. During an 11-year period, $45 million in Federal/State funds were expended on 560 different projects. The last complete fiscal year records (1966) show $16 million invested in 250 projects. This figure also reflects the first full year of activity under the authority to match private donor funds for the "establishment" of workshops, commonly known as the "Laird Amendment."

Under section 3 of the Act, a State agency could develop an Extension and Improvement project for the establishment of a workshop or rehabilitation facility under State or private nonprofit auspices if the workshop or facility were unique in the State. From 1955 through 1966, some 209 of the 583 Extension and Improvement projects were for rehabilitation facilities.

From 1954 until 1957, "expansion" grants were used to establish workshops and facilities or to expand their ongoing programs. Many private nonprofit groups took advantage of this authority.

Substantial amounts of research and demonstration grant funds also have gone to facilities and workshops since they first became available in 1954. These grants have made it possible to conduct demonstration programs to show the community how workshops may serve the needs of the mentally retarded, the emotionally disturbed, the cerebral palsied, and other disability groups. Moreover, these grants have resulted in the development of new methods and techniques for the improvement of programs in facilities. Finally, research and demonstration funds have been used to establish two new research centers which will contribute new knowledge and information to the workshop field. The center at Cornell University is particularly concerned with the managerial aspects of workshop operations while the University of Maryland center is primarily concerned with industrial efficiency.

Training opportunities for persons employed or to be employed in facilities and workshops have accelerated during the past few years. The earliest efforts were devoted to short-term training institutes for persons already employed in facilities and workshops. Most of these were of 3 days' duration.

Recognizing the expanding need for skilled workshop personnel, the Vocational Rehabilitation Administration convened a committee in 1963 to explore the training needs of such personnel. The committee noted that special training programs were needed for certain categories of personnel, including workshop managers, floor supervisors, and professional persons on the workshop staff. As a result of the deliberations and recommendations of the committee, university-based training programs were established at the University of San Francisco and the University of Wisconsin. These universities offer long-term training (9 months or more) as well as short-term training institutes of 3 to 5 days. During the past year, grants to initiate training programs were made to Auburn University, DePaul University, Cornell University, Rutgers University, Stout State University, Wayne State University, University of Arizona, North Texas State University, and the University of Maryland. Training grants also were made to the Vocational Guidance and Rehabilitation Services in Cleveland and to the Institute for the Crippled and Disabled in New York City.

The Federal Government also helps build and equip rehabilitation facilities and workshops under a special program of the Hill-Burton Hospital Survey and Construction Act. In this program, the Rehabilitation Services Administration has joint approval authority with the Surgeon General of the Public Health Service for grants to construct rehabilitation facilities, the majority of which are of a medically oriented nature. Except for one year, $10 million per year has been available since 1954 for the construction of public or other nonprofit rehabilitation facilities. As of May 1967, 409 projects had been approved at a total cost of $274,475,065, of which $91,524,479 was the Federal share. These projects have produced a variety of rehabilitation facilities, with most of them being of the physical medicine and rehabilitation type. Included are projects involving the construction or modernization of rehabilitation centers as well as a number of sheltered workshops built in connection with comprehensive rehabilitation centers.

PROGRESS UNDER THE 1965 AMENDMENTS TO THE VOCATIONAL REHABILITATION ACT

Public Law 89–333 contained many new provisions for strengthening rehabilitation facilities in the Nation. There is already evidence that the facilities portion of the amendment package is directly contributing to the improvement of services to disabled people. This section reviews the new dimensions in the facilities area that were added by the 1965 Act.

Innovation and Expansion Grants

The 1965 amendments revised the Extension and Improvement grant program into a new "Innovation" grant program under section 3 of the Act, and reestablished an expansion grant authority similar to that which lapsed in 1957. Grants under section 3 now have more favorable Federal financing incentives; the projects encourage rehabilitation agencies to provide more comprehensive services to the severely disabled; and project support is now available for 5 years.

Similarly, the new expansion grant authority is being used for program development in the facilities area. These grants, with a primary objective of increasing the number of handicapped persons vocationally rehabilitated, may be used to provide such essentials as new equipment for a sheltered workshop.

Statewide Planning for Rehabilitation Facilities

For 2 years, Federal funds have been available to each State rehabilitation agency to develop a statewide plan for the establishment and use of rehabilitation facilities. Using funds available from this resource, State agencies are reviewing and evaluating the use they are making of existing facilities. Among the many benefits to be derived from this planning will be a complete inventory of rehabilitation facilities and workshops in the United States.

This program is presently carried out by Rehabilitation Facilities Specialists (of whom there are 140 employed at present) who serve as catalytic agents for bringing State rehabilitation agencies and the operators of voluntary facilities into effective cooperation. Rehabilitation Facilities Specialists also assess the need for new facilities.

New Construction and Initial Staffing

Section 12 of the 1965 amendments provides for new construction of vocationally oriented rehabilitation facilities and sheltered workshops. This is the first time such authority has been available.

During the initial year of operation ended June 30, 1967, nearly $3 million was awarded for 22 construction projects. The intense interest in this program and the expectations of applicants for broad assistance has been overwhelming. Requests on file total more than $35 million, and much more is in the planning stages. With the limited funds available, State agencies and regional offices are confronted with many problems in terms of joint planning and the determination of priorities. There can be no doubt that the demand for construction funds will increase.

In addition, section 12 provides funds for initial staffing of any public or private nonprofit workshop or facility. Funds are available to any such workshop or facility constructed after the date of enactment of the section regardless of whether the construction was financed with a grant under the section. Grants for initial staffing cover part of the costs of compensation of professional or technical personnel for a period not to exceed 4 years and 3 months.

Workshop Improvement Grants

Under section 13, broad authority is provided for grants to workshops to improve their services through improved staffing, better equipment, and other means. By the end of June, 1967, approximately $5.5 million had been awarded, primarily for the employment of professional and technical staff and the purchase of equipment. More than 170 workshops have benefited from the program and the great majority of these were the small, less efficient, and inexperienced facilities. As a direct result, State vocational rehabilitation agencies are reporting better and increased services for their clients. Grant recipients report increased contract income, increased wages paid to the handicapped, and increases in the number of clients placed in industry.

Client Training

The Act also includes a new grant program for client training in workshops, with provision for paying training allowances to the client, which may go as high as $65 per week ($25 per week plus $10 for each dependent). During fiscal year 1967, 13 workshops were granted a total of $2 million to inaugurate the client training program. Emphasis was placed on high standards in the workshops and a willingness and ability to provide intensive training in a total of 52 different occupations.

Project Development Grants

Project development grants are now available to help community groups develop sound proposals for good rehabilitation facilities. It is recognized that funds invested in sound planning will pay dividends in terms of better facilities that meet overall community needs. A finding that a workshop should not be built could be considered just as positive a result of a project development grant as a well-documented plan for new construction.

In 2 years of operation, $500,000 in project development grants have been awarded to more than 75 applicant groups and organizations. The majority were for development of sheltered workshops, but many other types of facilities have been planned. Several applications for construction grants have followed the successful completion of these studies.

Technical Assistance

Many workshops, particularly the smaller ones, have desperately needed the kind of advice and suggestions that could only be found among technical experts in industry. This kind of help now is available for the first time. When this program becomes fully operative and adequately funded, there will be no reason for any workshop to lack expert advice on any phase of its operation at any time it is needed.

In the short time the program has been in operation, over 50 consultations have been provided to workshops across the country. Results appear to have been very productive in terms of raising levels of efficiency. One workshop was able to triple its sales within 6 months as a direct result of a consultant's recommendations. It is expected that the number of requests for technical assistance will rise rapidly as more workshops become acquainted with the program.

National Policy and Performance Council

It was fortunate that the 1965 amendments to the Act specifically provided for establishment of a standard-setting group. The National Policy and Performance Council meets this need. Thus far the council has been primarily concerned with development of standards for workshops, and policy recommendations with regard to the operation of the training services grant program. Eventually the council will be concerned with recommendations with respect to the workshop improvement grant program. Moreover, it no doubt will become a useful resource for discussions and recommendations on current issues in the field of facilities and workshops.

National Commission on Architectural Barriers

When people who live in wheelchairs cannot get into an office building to work because the steps are too difficult to manage, or if they cannot go to a church or theater or courthouse for these reasons, they face a formidable problem. Millions of mentally able but physically disabled Americans of all ages are adversely affected by such barriers and consequently are denied normal opportunities for education, employment, recreation, and other enriching experiences. Architectural barriers, therefore, constitute a great continent of neglect.

To do something about these problems, a 15-member National Commission on Architectural Barriers, appointed in the spring of 1966, prepared an interim report for the Secretary on Federal legislation to eliminate barriers from Federal buildings and other buildings which were assisted with Federal funds. A final report with findings and recommendations which stressed the need for modifications of public structures and pointed out the problems in effecting reform in private buildings was made available to the Secretary in January 1968. While the recommended State and

Federal legislation can deal with the problems in public buildings, the Commission noted that a comprehensive and continuing educational effort with architects, builders, and civic leaders would be needed to achieve the necessary reforms in privately owned structures and facilities.

CAPACITY OF REHABILITATION FACILITIES AND WORKSHOPS TO DELIVER SERVICES

The Unique Contribution of Facilities and Workshops

We are convinced that a rehabilitation facility is more than just another service that may be purchased by rehabilitation agencies. Instead, services offered in a rehabilitation facility change in their nature and interrelationships by virtue of being offered in a facility, usually as part of a team effort. Moreover, because services are grouped together and offered simultaneously on an integrated basis, problems of institutional management are quite different from the problems encountered by a counselor purchasing services separately at a number of places in the community.

These characteristics set rehabilitation facilities apart and present great opportunities for intensifying and improving rehabilitation services. Rehabilitation facilities are not an end in themselves, but rather one means of providing the services which vocational rehabilitation is charged with furnishing to disabled people.

The kinds of facilities available and the use vocational rehabilitation has made of them has varied tremendously in past years, and will vary more as the role of vocational rehabilitation deepens and its programs become more complex. Many people with severe problems (not necessarily just physical) need intensive evaluation and comprehensive service from a variety of highly trained people. Such service can only be provided with maximum effectiveness in a facility setting. Moreover, many handicapped people need to work to see if they can work; evaluation in a real work environment is essential. Finally, some handicapped persons will need long-term employment in workshops when, for a variety of reasons, competitive employment is not feasible or available.

Numbers of Rehabilitation Facilities and Their Use

As indicated previously, statewide planning ultimately will develop an accurate inventory of rehabilitation facilities in the nation. At present, the best available estimates of numbers indicate there are from 900 to 1,200 workshops, many of which are very small. There are from 400 to 500 rehabilitation "centers," exclusive of a very considerable number of physical medicine and rehabilitation units in general hospitals. In addition, there are an unknown number of halfway houses and special facilities which are not readily classified as centers or workshops.

There can be no doubt as to the trend in the utilization of rehabilitation facilities. The number of persons referred to facilities and workshops has increased steadily in recent years. The amount of money spent in rehabilitation centers and workshops has increased dramatically since 1954. Currently, about 36 percent of the case service money available to State rehabilitation agencies is spent in rehabilitation facilities and workshops. Many predict that this percentage will rise to at least 50 percent in the years immediately ahead.

PROBLEM AREAS IN THE FACILITIES FIELD

Disparate and Overlapping Federal Authority

We were concerned about the multiplicity of Federal programs involved in the creation, support, and regulation of rehabilitation facilities. Within the authority of the Vocational Rehabilitation Act there are several different avenues through which a rehabilitation facility or workshop may obtain assistance. This arrangement is the source of much confusion both in and out of Government. Beyond this, the involvement of other governmental agencies in the facilities field, including the Public Health Service and the Department of Labor, makes it most difficult to explain programs to a prospective applicant in a coherent fashion.

The variations in matching requirements from one program auspice to another make it difficult even for State rehabilitation agencies to understand the multiplicity of possibilities for establishment and support of facilities.

For example, if an applicant wants to build a new facility under either the Public Health Service Act or section 12 of the Vocational Rehabilitation Act, the matching rate of the Hill-Burton program applies. The Federal share varies from State to State, from 33⅓ to 66⅔ percent. However, if the applicant can contrive to remodel an existing building, even if this be far less satisfactory, the Federal matching rate under section 2 of the Vocational Rehabilitation Act is 75 percent. If he is establishing a workshop, the applicant finds that under section 2 he can get 1 year of staffing for a facility (not a workshop) but that 4 years of staffing are available under section 12. To further complicate the situation, he finds that his State has four statewide plans for the development of rehabilitation facilities—Vocational Rehabilitation, Hill-Burton, Mental Retardation, and Mental Health.

But at each granting agency he learns that funds for support are so limited that there is little likelihood of assistance.

Problems Related to Lack of Funding

The shortage of funds for rehabilitation facilities and workshops is critical. The situation is perhaps most dramatically illustrated by the way in which section 12 construction funds were used up during fiscal year 1967, the first year they were available. The $3 million appropriation was obligated almost overnight, and at the end of that year, requests for section 12 funds totalled more than $35 million.

This created—and continues to create—many problems as State agencies and regional offices have attempted to plan and determine priorities for use of available funds.

Fund shortages are also becoming acute in the Workshop Improvement Grant program, which has been effective and has proven itself in terms of results. However, the rapid growth in the number of workshops is generating many more requests for this type of assistance. As the standards of the National Policy and Performance Council become better known, demands for assistance to make improvements which will help workshops meet these standards will increase.

Fund shortages are also critical in the Statewide Planning, Project Development, and Technical Assistance programs. Each of these programs has demonstrated its effectiveness and yet they are threatened by either inadequate appropriations or lack of earmarked funds.

THE FUTURE OF REHABILITATION FACILITIES

Changing Patterns

One thing is completely predictable: Greater use will be made of all types of rehabilitation facilities in the future. For one thing, the role and the practice of the rehabilitation counselor as a provider of services will change. Where he rendered the service himself or purchased it from a vendor in the past, he will increasingly use facilities to provide "package" services to his clients. At the same time, new kinds of facilities will certainly emerge as rehabilitation digs deeper into the problems of the handicapped population.

Facilities in Impoverished Areas

One new place where facilities may be used to good advantage is in the ghetto. In urban centers where there are concentrations of the poor, where educational resources are inadequate, where job opportunities are minimal, where housing is substandard, and where opportunity is reduced by racial barriers, there is a high incidence of both health problems *and* disability.

It seems likely that techniques evolved in facilities for upgrading disabled persons would be equally effective if made available to the disadvantaged ghetto resident. The latter is certainly vocationally handicapped. If he is to achieve a more satisfying life, he desperately needs extended personal counseling, prevocational evaluation, work hardening, personal adjustment, skill development, and other experiences that may be made available in the rehabilitation facility. It ought to be possible to provide a given ghetto area with rehabilitation facilities sufficient for all who need them. There is reason to believe this would bring hope, inspiration, and opportunity to many deprived residents of the ghetto.

Facilities as a Resource for the Severely Handicapped

In considering the future as it relates to rehabilitation of all the handicapped, we are concerned both with persons suffering from catastrophic physical disability and with those whose emotional, socio-cultural, educational, and related problems comprise the primary obstacle to rehabilitation.

It is within the realm of behavioral modification that rehabilitation facilities hold great promise for these youth, men, and women. In the workshop setting, for example, behavioral changes of a positive nature have been accomplished with the mentally ill through a combination of prevocational evaluation, paid work, and understanding supervision. It has been demonstrated that paid work is a powerful motivating force for accomplishing such change. We feel that such techniques should be extended to all those within the present-day concept of handicapped.

RECOMMENDATIONS

Funds

We recommend that annual Federal appropriations be raised to a level that will permit the new facilities programs established by the 1965 amendments to the Vocational Rehabilitation Act to fulfill their great promise. The problem of adequate funding is particularly acute in the Construction Grant, Workshop Improvement, Statewide Planning, Project Development, and Technical Assistance programs.

Technical Assistance

We recommend that the Technical Assistance program be extended to all rehabilitation facilities which need such assistance on a short-term basis. This program should be financed from section 13 grant funds, not from the Salaries and Expenses appropriation. In addition, the present limitation on consultant fees ($100 per diem) should be removed because it severely restricts recruitment of qualified consultants.

Architectural Barriers

We recommend that the findings and recommendations of the National Commission on Architectural Barriers be firmly supported so that there may be (a) action by the Federal Government to assure more widespread access to Federal and other public buildings; (b) further joint efforts between public and private employment areas; and (c) more usable transportation facilities.

Policy Direction

We recommend that the Rehabilitation Services Administration take steps to assure that the unique resources of rehabilitation facilities and workshops are available to the severely handicapped, and particularly to those persons whose lives are blighted by social, educational, and economic disadvantage. In the context of rising social expectations and concomitant social problems, the contribution of facilities and workshops can be of great significance.

We recommend that, to the extent possible under existing laws, the Rehabilitation Services Administration develop a single policy and uniform standards for all of its programs relating to the establishment and use of facilities. There should be no duplication of responsibilities for different sections of the Vocational Rehabilitation Act and the entire facilities program should be so administered that it can be quickly responsive to changing needs or priorities in the field.

Clarification of Law

We recommend that the Vocational Rehabilitation Act be amended to clarify and simplify the provisions relating to rehabilitation facilities. This will require development of a set of precise functional definitions of the various types of rehabilitation facilities.

Administration

We recommend that the Rehabilitation Services Administration take steps to decentralize decision making in the facilities programs to the regional office level. Decentralization should occur as experience is gained, as standards are established, and as staff in the regional offices becomes available. Assignment of technical consultants under the Technical Assistance program could be delegated to the regional offices immediately.

We recommend that statewide planning for rehabilitation facilities be consolidated so there would be only one State plan for facilities. One possible approach would be to combine the planning activities under the various HEW authorities. State plans would be updated and revised annually and would be approved by the Rehabilitation Services Administration and the Public Health Service. Grants should be provided to State vocational rehabilitation agencies to pay 90 percent of the cost of consolidated planning in the facilities area.

CHAPTER V

FINDING AND TRAINING THE MANPOWER

A. OVERVIEW OF THE TRAINING GRANTS PROGRAM

We have looked at the 13 years of operation of the program of training grants to educational institutions and agencies from several standpoints—the nature and magnitude of the shortages of personnel to provide rehabilitation services, qualitative changes needed to strengthen curriculum content and teaching methods, unmet needs, relationships with other training grant programs, and proposals for change and improvement.

Mission and Objectives

In the official statements of the goals of the training grant program, its relationship to the mission of the Rehabilitation Services Administration—that of providing rehabilitation services of high quality to all disabled persons who need them—is clearly apparent. In its administration of grants there appears to have been great effort made to achieve a comprehensive program of support for all phases of rehabilitation, a program with balance as between professional fields and a program well distributed from a geographical standpoint.

The objectives of the training program have been defined as (1) to increase the supply of personnel in the professional field involved in rehabilitation of disabled persons by helping training programs expand and by scholarship assistance to students; (2) to participate with professional associations and educational institutions in their efforts to improve the quality of professional preparation for service; (3) to facilitate better communication and working relationships among the professional fields engaged in serving disabled people; and (4) to give personnel now serving disabled individuals a better understanding of rehabilitation philosophy and methods through short-term courses or teaching materials, and to provide opportunities for raising their level of knowledge and skill in rehabilitation of the handicapped.

The statute under which the training program is operated specifies that grants may be made for training personnel in the following fields: Physical medicine and rehabilitation, physical therapy, occupational therapy, speech pathology and audiology, rehabilitation nursing, rehabilitation social work, prosthetics and orthotics, rehabilitation psychology, rehabilitation counseling, recreation for the ill and handicapped, and other specialized fields contributing to vocational rehabilitation.

Training grants are of the following kinds: (1) *teaching grants* to educational institutions for an academic or calendar year (long-term) to help expand or strengthen their instructional resources; (2) *traineeship grants* (long-term) to educational institutions for stipends to students for a calendar or academic year; (3) *in-service training grants* to State vocational rehabilitation agencies for their staff development programs; (4) *short-term training grants* to educational institutions and agencies for short-term training programs on technical matters pertaining to vocational rehabilitation; and (5) *rehabilitation research fellowships.*

B. ASSESSMENT OF TRAINING PROGRAM

Growth

The fairly slow expansion of the training grants program since 1955 is reflected in the following amounts appropriated each year for training grants:

Fiscal year	Amount	Fiscal year	Amount
1955	$900,000	1962	$9,800,000
1956	2,075,000	1963	13,300,000
1957	2,950,000	1964	16,565,000
1958	4,400,000	1965	19,810,000
1959	4,800,000	1966	24,800,000
1960	6,200,000	1967	29,700,000
1961	7,260,000		

The number of grants for long-term training has increased from 104 in 1955 to nearly 500 in 1967. The number of long-term traineeships has increased from 201 in 1955 to about 5,200 in 1967. The number of individuals attending short-term training courses supported by the Rehabilitation Services Administration has increased from 873 to over 7,000 in 1967. It is anticipated that in 1967 about 2,600 students will complete their professional education with the aid of a RSA traineeship.

Estimate of Personnel Needs

These quantitative accomplishments, however, seem at a dangerously low level, in view of the estimated numbers needed. Current figures on which the Rehabilitation Services Administration is basing its manpower planning are:

1. *Medicine.* The shortage of physiatrists certified by the American Board of Physical Medicine and Rehabilitation is particularly disturbing in a period when hospitals and other community rehabilitation programs are expanding. In 1966, there were an estimated 540 Board-certified physiatrists, with a total of about 800 in practice in this specialty. Approved residency training programs could accommodate twice the number enrolled in the 3-year graduate (post-M.D.) training programs. About 100 graduate each year and about 50 take the certification examination. The RSA supports 90 percent of these. According to the 1965 study made by the Commission on Education in Physical Medicine and Rehabilitation, projections of need (budgeted positions) were 2,000 in 1965 and 2,300 in 1972. By 1973 the need is expected to reach about 2,400.

2. *Rehabilitation Nursing.* Grants from the Rehabilitation Services Administration support a small number of programs designed to prepare nurses at the graduate level for teaching or research in rehabilitation. Estimates of need are:

	1969	1973
Number of students enrolled in master's or doctoral programs	100	160
Number of graduates	65	100
Number of RSA trainees	82	110
Number needed for replacements and new positions	250	450

The goal is to produce a sufficient number of competent teachers so that each school of nursing may have a qualified instructor who can incorporate principles of rehabilitation into the basic professional education for all nurses.

3. *Physical Therapy.* There are presently 16,000 physical therapists working full-time or part-time. There are 49 schools of physical therapy approved by the American Medical Association, including three established in 1967 and accepting students at the junior level. Within the next 4 or 5 years, six additional programs will be underway.

The following figures are based on projected enrollment for 1969 and 1973, with enrollment expanding in existing and new schools of physical therapy:

	1969	1973
Number of students enrolled in Junior, Senior, Certificate, master's and doctoral programs	2,500	5,000
Number of graduates	1,200	2,400
Number of RSA trainees	800	1,600
Number needed for replacements and new positions	8,000	13,000

2

4. *Occupational Therapy.* Since 1955, approximately 2,850 students have received RSA financial assistance in completing training. The number of traineeships increased from 52 in 1955 to 458 in 1967. In the 7 years that the graduate traineeships have been supported by RSA, 139 traineeships have been awarded at the master's and doctoral levels, an increase from 12 in 1960 to 26 in 1967.

Currently, there are 32 universities with approved schools of occupational therapy and approximately 10 in the planning stages. In 1967, all of the 32 received traineeship grants and 26 received teaching grants to help expand facilities, increase the rehabilitation content in the curriculum, and strengthen the integration of theoretical and clinical course work.

In recognition of the tremendous need to augment health manpower shortages through training of auxiliary personnel, RSA has led the way in support of programs to prepare certified occupational therapy assistants of which there are 1,200. Currently there are 12 OT assistants training programs that have received approval of the American Occupational Therapy Association; during 1967, the RSA helped support four of these programs representing an enrollment of 102. These were located in junior colleges, State departments of health, hospitals for mentally and chronically ill, and nursing homes.

There are 8,200 registered occupational therapists in the United States but the actual available supply is less than 6,800 since many registered OT's are not in active practice. The 32 approved schools have a current enrollment of approximately 3,000 students, with about 550 graduating annually. The following estimates summarize the picture:

	1969	1973
Number of students enrolled	3,200	6,400
Number receiving RSA traineeships	650	1,536
Number of graduates	700	1,600
Number needed for replacement and new positions	5.000	9,000

5. *Prosthetics-Orthotics.* There are presently 4,600 practicing prosthetists and/or orthotists, and most of them have had only on-the-job training to prepare for this important work.

The need in this field is acute; many of this country's disabled people will not receive well-designed, fabricated, functional prosthetic and/or orthotic appliances until more trained personnel are available to provide these services. The following figures are predicated on expanded enrollment in existing schools and new programs now in the planning stage:

	1969	1973
Number of students enrolled in baccalaureate program—Junior-senior	50	100
Associate in arts —Freshman-sophomore	50	125
Technicians	20	40
Total enrollment	120	265
Number of graduates—B.S.	25	50
Number of graduates—Associate in arts	25	50
Number of graduates—Technicians	20	40
Total number of graduates	70	140
Number of traineeships	80	150
Number needed for replacements and new positions	400	750

6. *Social Work.* The Department of Health, Education, and Welfare's recent study of manpower needs highlighted the need for trained social workers. In 1969, it is estimated that 20,000 will be needed for replacement or new positions in *all* settings; in 1973, the estimate is 26,000. The RSA grants in this field have had a dual purpose: To prepare some students for work in settings which serve disabled people, and to encourage the inclusion of material about disability and rehabilitation in the curriculum for all students of social work. Manpower estimates are:

	1969	1973
Number of students enrolled in graduate schools	9,680	11,520
Number receiving RSA traineeships	511	1,080
Number of graduates	3,900	4,600
Number needed annually in health and rehabilitation settings	4,000	6,500

7. *Speech Pathology and Audiology.* About 1,300 RSA trainees have completed graduate study in this field and of this number, 90 percent are employed in rehabilitation settings which serve adults with communicative disorders. The number of speech pathologists and audiologists who have met the requirements for the certificate of clinical competence has increased from 1,000 in 1958 to over 9,000 in 1967. The membership of the American Speech and Hearing Association is now over

13,000 and it is estimated that an additional 5,000 working in the field are not members. About 20,000 clinicians are considered to be needed to provide services to the approximately 8 million persons in the United States with defective speech or hearing.

Approximately 1,600 students complete training at the master's or doctoral levels—about half of the number needed each year. Manpower estimates are:

	1969	1973
Number enrolled in graduate education programs:		
Master's degree	1,750	2,000
Doctoral degree	180	200
Number receiving RSA traineeships	800	1,500
Number of graduates:		
Master's degree	1,400	1,800
Doctoral degree	170	190
Number needed for replacement and to fill new positions	3,250	4,500

8. *Recreation for the Ill and Disabled.* Reliable data on the extent and makeup of staffing and training needs, on a national basis, have not been compiled in this field. According to Department of Labor figures, about 35,000 recreation workers were employed in 1965, but only a small percentage of these worked in hospitals and rehabilitation centers. RSA supports a modest training program in response to demonstrated needs in a variety of rehabilitation facilities and related institutional programs.

The number of RSA trainees is expected to be 50 in 1969 and 150 in 1973.

9. *Rehabilitation of the Blind.* There are now about 100 trained mobility instructors in the United States. The need for additional ones continues to plague the State agencies, rehabilitation centers, hospitals, and nursing homes which are trying desperately to serve blinded persons in a vocational rehabilitation program. The blinded person who is unable to travel independently and live and compete with his peers in a sighted world is an unhappy, maladjusted person and an economic and personal burden to his family or State.

Training support is provided to produce more mobility instructors, and also for home teachers for the blind, a field in which about 300 to 350 are employed in State vocational rehabilitation and other agencies serving blind persons. Manpower estimates are:

	1969	1973
Number of students enrolled	109	195
Mobility instruction	85	120
Home teachers	24	75
Number of graduates	90	130
Number of RSA trainees	80	150
Number needed for replacements and new positions	170	210

10. *Rehabilitation of the Deaf.* In this field, RSA grants are made for support of specialized programs in rehabilitation of the deaf which lead to a master's or doctoral degree. Estimated manpower figures in rehabilitation of the deaf are:

	1969	1973
Number of students enrolled in specialized training programs related to the deaf	115	150
Number receiving RSA traineeships	100	135
Number of graduates	90	120
Number needed for replacements or expansion	230	300

11. *Rehabilitation of the Mentally Retarded.* Grants have been made for specialized training in serving this disability group in the fields of rehabilitation counseling, social work, speech pathology, occupational therapy and physical therapy and for three centers which offer short-term courses dealing with mental retardation. Manpower estimates are:

	1969	1973
Number of students enrolled in specialized training related to the mentally retarded	N.R.	N.R.
Number of graduates	N.R.	N.R.
Number of RSA trainees	250	350
Number needed for replacements or to fill new positions	500	1, 000

12. *Workshop Administration.* It is estimated that there are now from 900 to 1,200 workshops in the United States and these employ about 60,000 disabled persons who require some kind of sheltered conditions before placement in competitive industry. It is estimated that there will be about 1,700 in 1973. Personnel in these workshops who will require training are executives at various managerial levels, floor or production supervisors and work evaluators. Estimates of manpower needs are:

	1969	1973
Number of students enrolled	200	350
Number of graduates	175	325
Number of RSA traineeships	175	325
Number needed for replacements or to fill new positions	1,500	3,000

13. *Rehabilitation Counseling.* It is estimated that about 3,000 new, fully qualified rehabilitation counselors will be needed by State vocational rehabilitation agencies and other community rehabilitation agencies each year between now and 1973. Manpower needs are estimated as:

	1969	1973
Number of students enrolled in graduate education programs	2,700	5,000
Number of graduates	1,050	2,300
Number of RSA traineeships	2,440	4.275
Number needed to fill new positions or for replacements	2,500	3,000

The number of counseling positions reported by State vocational rehabilitation agencies as of April 1, 1967 was 5,918. Of this number, 687 (12 percent) were expected to be vacant on July 1, 1967. State agencies expected that a total of 1,302 additional counselors would be needed in the fiscal year ending June 30, 1968.

Projections for the future on the number of counseling positions in State vocational rehabilitation agencies are:

1968	6,500
1969	8,000
1970	9,500
1971	11,000
1972	12,500

Rehabilitation With Other Training Grant Programs

As with other aspects of the vocational rehabilitation program, the Rehabilitation Services Administration must establish and maintain close working relationships with other units of the Social and Rehabilitation Service, and with a number of other agencies administering training grants in order to minimize duplicating, overlapping, and competition. Chief among these agencies are the Department of Labor (Office of Manpower Policy, Evaluation and Research and Bureau of Employment Security); the Office of Education (Bureau of Education for the Handicapped, and Vocational Education); the Public Health Service (National Institute of Mental Health, National Institute of Child Health and Human Development, National Institute of Neurological Diseases and Blindness, Neurological and Sensory Disease Control Program of the Bureau of Health Services, and the Bureau of Health Manpower); the Veterans Administration; and the Department of Justice (Office of Law Enforcement Assistance).

We believe that the recent reorganization in which the former Welfare Administration and the Administration on Aging are included in the Social and Rehabilitation Service will facilitate cooperative efforts in training needed personnel; we commend the steps taken so far by the training staff of the Rehabilitation Services Administration and recommend that cooperative efforts be continued and intensified. The system of exchange of applications for review is commended, as is that of serving as members of advisory committees or otherwise participating in the evaluation process. The practice of joint site visits to applicant or grantee institutions also seems of great value.

The use of formal or informal inter-agency committees or task forces for seeking solutions to manpower problems or training grant issues also seems to have been productive. In fact, additional such committees might well be established, somewhat on the order of the Inter-Agency Task Force on Counseling, the Inter-Agency Committee on Social Work Training and the Inter-Agency Committee on Speech Pathology and Audiology.

Effectiveness of Training Programs

In general, we found that the Rehabilitation Services Administration was making determined efforts to improve the quality of the training programs and that the agency has given significant assistance to the professional associations with responsibility for educational standards and teaching methods. We noted with approval the grants made for studies of the curriculum in the fields of physical medicine and rehabilitation, physical therapy, occupational therapy, and social work. It is suggested that the time is ripe for a study of the curriculum in rehabilitation counseling, now that 65 programs have been or are being established. Financial assistance from the Rehabilitation Services Administration for such a study would speed professional agreement and decisions on standards for a core curriculum.

The degree of acceptance of rehabilitation training programs by the educational institutions varies considerably, as measured by their willingness and ability to assume an increasing share of the instructional costs. We recognize the complexity and difficulties inherent in financing higher education but we believe that an important measure of an institution's commitment to rehabilitation is its willingness to commit dollar funds from the university's budget in support of this area of education.

Adequacy of Funding

In view of the serious manpower shortages, the projected increase in enrollment in institutions of higher learning (8 million in 1973) and the aging of the population (with a higher incidence of chronic disease and disability), the recent rates of increase in funds for training seem totally inadequate to meet the mounting needs for trained personnel to serve the disabled, to teach in professional education programs and to take leadership in research in rehabilitation.

We believe that appropriations for support of training should be substantially increased if they are to be even nearly commensurate with the magnitude of manpower needs and the resources of educational institutions and cooperating agencies for the preparation of personnel in the professional fields most closely related to rehabilitation of disabled people.

With respect to the level of scholarship assistance for trainees, we noted with concern that in many fields the level of the stipend has not been increased since 1955 in spite of the rising cost of living, and that difficulties in recruiting students have been experienced by a number of training programs.

Employment of Personnel Trained

We deplore the paucity of information regarding the extent to which individuals who have received traineeships through the Rehabilitation Services Administration have secured employment in rehabilitation and remained in the field. The annual studies conducted by the agency in cooperation with training programs indicate that a relatively high proportion of students completing their training enter rehabilitation. However, information about the extent to which these trainees continue work in rehabilitation is incomplete. The Rehabilitation Services Administration should arrange to obtain studies of the work history of its trainees.

Administration of the Training Program

The success of a training project in rehabilitation is peculiarly dependent upon the degree of administrative support of rehabilitation concepts and goals. Such support cannot be accurately assessed merely on the basis of formal reports and written applications. Site visits, in which there are opportunities to discuss with university officials and faculty the mission of the training program, are indispensable to effective administration of funds appropriated for training.

We have reviewed the record of site visits to applicants and grantees. We find that the number and frequency of such visits falls far short of a desired standard.

In addition to greater use of staff for this purpose, the utilization of members of the 11 advisory committees on training grants for site visits should be increased wherever their special qualifications would be helpful to the conduct of training programs. The use of grant funds for employment of consultants by grantee institutions has been most helpful and the Rehabilitation Services Administration should continue its practice of supporting the cost of periodic evaluations of projects by consultants selected by the grantee institutions to appraise progress.

The difficulties encountered by universities as a result of the late notification to grantees of the amount of the annual grant require attention and action. It is strongly recommended that the Rehabilitation Services Administration seek funds for "forward financing" to permit grants to be made at least 9 months in advance of the beginning of the grant period.

C. RECOMMENDATIONS

Additional Authority

We recommend that the Rehabilitation Services Administration seek legislative authority for: *Extension of training to nationals of other countries* and the conduct of training programs outside the limits of the United States, comparable to the present authority for research projects and interchange of experts; and Federal grants to colleges and universities for construction of rehabilitation training facilities in the United States.

Increased Appropriations

We recommend that Federal funds for training support be increased sharply beginning with the fiscal year 1969, for (1) overall support of training grant programs; (2) an increase in stipend levels for trainees; and (3) an increase in site visits.

Interchange of Federal, State, Local, and University Personnel

We recommend that efforts be made to encourage and facilitate the interchange of personnel between State and Federal vocational rehabilitation programs of service, demonstration, and research, in the interest of enriching all programs.

An increasing number of opportunities for rehabilitation counseling students (particularly at the doctoral level) for internships in the RSA central office and regional offices should be provided.

Opportunities for university faculty members to work in State vocational rehabilitation agencies or other community rehabilitation programs should be provided in order to improve the quality and realism of their teaching.

State Inservice Training Programs

The staff development programs of State vocational rehabilitation agencies are now funded from (a) grants under section 2 of the Act for program administration, (b) grants under section 4(a)(1) of the Act for special projects for inservice training of State agency employees, (c) grants or contracts with educational institutions for specific short-term training courses; and (d) grants, to some States, for post-entry, work-study programs for rehabilitation counselors that will lead to a master's degree.

We recommend a comprehensive study of the adequacy of these efforts at continuing education of this vitally important group of personnel. The present formula for distribution of the funds appropriated for section 4(a)(1) grants for inservice training, which is based on number of total man years in the agency, should be studied and efforts should be made to increase the annual amount earmarked in the RSA budget for support of this activity.

We recommend that State rehabilitation agencies provide for educational leave and released time for professional growth and development of their staff members. The progress in recent years in development of organized inservice training programs in State vocational rehabilitation agencies has been most gratifying. The appointment of full-time or part-time directors of staff development in nearly all State agencies has given visibility to the idea of continuing professional growth and development. However, State agencies fall far short of providing for educational leave for their staff members.

We recommend that training materials of all kinds be increased in amount and improved in quality.

Recruitment

We recommend development of an effective network of communications between suppliers and users of trained rehabilitation personnel which will provide complete current and objective data regarding nature of job opportunities and qualifications of seekers of employment.

We recommend extension of intensive recruitment efforts to minority and economically deprived groups, emphasizing opportunities for status and advancement in the professions associated with rehabilitation.

We recommend that there be prepared, in greater number and variety, recruitment materials such as brochures, films, TV shorts, radio spots, exhibits, occupational briefs and related methods of interpreting the roles of rehabilitation personnel. These materials should be made more attractive to young people and to the general public.

We recommend additional programs of summer vacation experience in rehabilitation settings for high school and college students as a means of orientation to problems and capacities of disabled persons, for career orientation and for testing of career decisions.

We recommend steps to encourage the development of active recruitment activities by State and local chapters of professional associations and other recruitment activities organized on a community basis that involve direct contact with members of the profession.

We recommend that methods be devised to evaluate the relative effectiveness of various methods of recruiting for the professional fields concerned with rehabilitation of disabled persons.

We recommend development of new and additional methods of interpreting the role of the rehabilitation counselor in terms of the breadth and variety of the services offered and the scope of responsibility.

We recommend development of recruiting efforts for graduate rehabilitation counselor education programs by utilizing to a greater extent undergraduate social science faculty and college placement officers.

We recommend that literature regarding the various professions be distributed more widely and materials be prepared especially for school guidance counselors.

We recommend that State vocational rehabilitation agency staffs be stimulated to take an active part in recruiting for the field by the establishment of a system of rewards for successful activity.

We recommend the use of more volunteers in rehabilitation agencies as a means of strengthening the services provided, to promote employment opportunities in rehabilitation, and to improve community relationships with the agencies.

We recommend experimentation with methods of aiding mature women to return to, or enter work, following a period of homemaking, through opportunities for professional education or refresher training.

We recommend that State agencies be encouraged to provide training and other services necessary to prepare their clients for practice in professions related to rehabilitation; that faculty members of RSA-supported training projects be encouraged to admit qualified handicapped individuals to their training programs and to assume leadership in assuring that the physical facilities and teaching methods are suitable for handicapped students.

We recommend steps to stimulate the recruitment of personnel for teaching rehabilitation in institutions of higher education.

Interdisciplinary Training

We recommend that the preparation of personnel for work in interdisciplinary settings be encouraged and supported. Such training should be based on a core curriculum composed of knowledge related to practice in all fields, supplemented by additional content specific or unique to each field, plus content in the area of group dynamics, supervision, consultation, and administration.

To Increase the Effectiveness of Educational Methods

We suggest the following steps to achieve general improvements in teaching methods: (1) Provide instruction on a year-round basis, (2) Increase the use of programed instruction, audiovisual aids and television, (3) Provide opportunities for instruction of faculty members in teaching methods and in principles of curriculum design and construction, (4) Experiment with other devices for making the educational experience more productive.

Research Training

We believe there should be more support for doctoral level training of personnel in all disciplines and professional fields. However, it is especially important to have a higher percentage of traineeships awarded at the doctoral level in rehabilitation counseling, in order to assure an adequate supply of researchers, directors of inservice training and university instructors in rehabilitation counseling.

Utilization of Personnel in State Rehabilitation Agencies

We support in general the principles and suggestions for action which were published in *Increasing the Supply of Qualified Rehabilitation Counseling Personnel in State Vocational Rehabilitation Agencies: Guidelines for Action* (1966) and make the following specific recommendations:

We recommend raising salaries in State rehabilitation agencies and providing for a recognizable career ladder, rewarding education as well as experience.

We recommend maximum use of professional staff by means of support personnel, such as aides or assistants, for provision of services not requiring full professional preparation.

We recommend greater emphasis on supervisory and middle management training in order to strengthen State agency administration and to improve services to the clientele.

In addition, the Rehabilitation Services Administration should: (1) Encourage the development of aide or assistant training programs in all professional fields, with the extent of local use dependent upon local need and availability of professional staff for their supervision after employment, (2) support the training of qualified teachers for aide or assistant training programs, (3) encourage State agencies to explore the use of indigenous aides as adjunct personnel in the rehabilitation process.

Medical Education

Recognizing the basic contribution which the physician makes to rehabilitation, we make the following recommendations concerning his education:

We recommend continuation and intensification of support of curriculum changes and teaching methods that will enable more undergraduate medical students to acquire an understanding of long-term illness, disability and principles of rehabilitation. Such support should include grants for faculty and related personnel, supporting services and traineeships for undergraduate medical students.

We recommend that postgraduate courses for physicians in practice in all aspects of rehabilitation be fostered and supported.

We recommend continued efforts to enhance the image of the specialist in rehabilitation medicine and to attract more physicians to this specialty.

We recommend a greater measure of support to residency training in other medical specialties of importance to rehabilitation such as orthopedic surgery, neurology, and hand surgery.

Rehabilitation Counseling

There should be a continuing examination and reappraisal of the evolving role and responsibilities of the rehabilitation counselor in the State vocational rehabilitation agency, and other settings in which he is employed, to determine the adequacy of his professional preparation and to develop the revisions in the educational process that are deemed necessary. The resources of the RSA in research, demonstration and training grants should be utilized to the fullest in such studies.

The rehabilitation counseling curriculum should include greater emphasis upon nature and content of jobs, job families, interrelationships of jobs, structure of industry, techniques of placement, practical aspects of the world of work, how to get labor market information, and selective placement techniques. Greater emphasis in the preparation of rehabilitation counselors should be placed upon realistic evaluation of the vocational potential of the disabled individual, placement in employment and work adjustment.

Increased emphasis needs to be placed upon course content and opportunities for development of skills in supervision, administration, and consultation in order to prepare rehabilitation counselors for their responsibilities in relation to aides or other support personnel.

We recommend that the Rehabilitation Services Administration provide financial assistance for a study of the curriculum in rehabilitation counseling, and that professional agreement on standards for a core curriculum be secured as expeditiously as possible.

We recommend that the Rehabilitation Services Administration include, in teaching grants to university rehabilitation counseling programs, funds for salaries of personnel to be assigned as field instructors of units of students assigned for periods of supervised experience in State vocational rehabilitation agencies. The agency also should underwrite costs of training units in voluntary agencies.

We recommend, in addition to the work already done by the Rehabilitation Services Administration to strengthen relationships between State vocational rehabilitation agencies and colleges and universities offering rehabilitation counselor education programs, the formation of regional training committees, composed of State agency personnel with responsibility for staff development and coordinators of college and university rehabilitation counselor education programs.

Workshop Administration

We recommend support for both preservice and inservice training for managerial and other personnel in rehabilitation workshops, together with strengthening the curriculum and improving methods of teaching.

In addition, training programs for work evaluation should be developed.

Training in Specialized Areas of Practice

Rehabilitation of the Deaf. We recommend intensified efforts to recruit, train and place professional personnel for rehabilitation services to deaf persons.

We recommend training to increase the skills of professional personnel in communicating with deaf persons.

We recommend that the training program of the Rehabilitation Services Administration for

recruitment of vocational school teachers and for their training in both communication and technical skills be extended.

Rehabilitation of the Blind. We recommend the continuation and expansion of support for the preparation of mobility instructors for the blind and visually handicapped, and expanded support of training of rehabilitation counselors in all phases of placement of blind persons in business enterprises, the professions, public service, and other suitable occupations.

Rehabilitation of the Mentally Retarded. We recommend continued support of regional training centers for short-term training in mental retardation (University of Wisconsin, University of Texas, California State College at Los Angeles) and of the Research and Training Centers in Mental Retardation (Universities of Wisconsin, Oregon, and Texas).

Undergraduate Education

To alleviate shortages of rehabilitation manpower and as a recruitment device for graduate professional education in fields related to rehabilitation, we recommend that financial and other support be provided to colleges and universities for preservice educational programs in rehabilitation and other helping services. Such educational programs should have a broad liberal arts base. In selecting colleges and universities for training grants for undergraduate education in rehabilitation and other helping services, preference should be given to relatively underdeveloped institutions which show promise of ability to make innovations in educational methods and which have close working relationships with institutions and agencies serving handicapped people.

Other Fields

We have noted the changing character of this training program in its 13 years of operation and we commend its adaptability to changes in manpower needs, both qualitatively and quantitatively.

We recommend that the training program continue to be responsive to new developments in professional fields and extend its support to new fields as they are developed to meet community needs.

CHAPTER VI

DISCOVERY OF NEW KNOWLEDGE

The search for new and better methods for removing or reducing disability and for helping people to find suitable work in spite of their handicaps is essential for an effective rehabilitation program.

Research in rehabilitation medicine, for example, has found a way to enable men to walk on artificial legs within 2 or 3 days after losing their own legs, and to go back to work within 3 weeks. Under the old method, they spent discouraging months in bed waiting for the stump to heal before learning to walk again on a new leg.

Successful research in vocational rehabilitation has produced techniques for training blind persons for jobs in the new field of computers—new methods for educating and training young offenders and finding worthwhile jobs for them when they come out of prison—and new ways to reach handicapped people in their own neighborhoods, to help them get the services they need.

RESEARCH GRANTS PROGRAMS

Until the research and demonstration program was authorized by the Vocational Rehabilitation Act in 1954, there was no major source either of funds or of technical aid to stimulate research capable of introducing scientific methods into the public rehabilitation program on an effective national scale.

The research grant program provides partial support for projects which hold promise of making a substantial contribution to the solution of vocational rehabilitation problems which are common to all or to several States. Research projects are aimed at discovery of new principles and concepts necessary for the understanding of the rehabilitation process. The program is one of basic, applied and developmental research, with the aim of as early a payoff as possible in terms of use by State vocational rehabilitation agencies and private agencies serving the handicapped.

Research studies result in projects which produce specific and immediately usable products. Such products may be pyschological tests, prosthetic or orthotic devices, or new and generalizable procedures in rehabilitation.

Demonstrations test the effectiveness of new rehabilitation procedures and, if successful, provide a guide for their widespread use. Collaborative projects use a single research plan and system of data collection for a group of geographically separated projects. These projects provide an important means of replication of investigations in different settings.

A type of project grant which can partake of both research and demonstration is the special facility grant. It is designed to overcome deficiencies in rehabilitation services which prevail on a "regional" basis (three or more States) and which are the result of a lack of, or inadequate, special facilities such as workshops, rehabilitation centers, and the like. Such facilities have been chiefly demonstrations in the past, but it is planned that they will increasingly include a research component.

We appreciate and endorse the broad and varied spectrum of the vocational rehabilitation research program. It presently addresses itself not only to a wide and diverse set of physical disabilities but includes as well mental retardation, mental illness, drug addiction, alcoholism, delinquency, and a new emphasis on handicaps due to economic and educational deprivation. Where it initially was almost solely directed to institutional research, it now is increasingly community oriented.

RESEARCH AND DEMONSTRATION DIVISION PROGRAMS

The research and demonstration program of the Social and Rehabilitation Service is a large and highly diversified group of individual research and demonstration projects, administered by the Division of Research and Demonstrations. Projects are classified under 12 headings: (1) mental retardation; (2) mental and personality disorders; (3) rehabilitation of deaf people; (4) speech and hearing disorders; (5) rehabilitation of blind people; (6) rehabilitation medicine; (7) older persons and others with chronic and severe disabilities; (8) counseling and evaluation; (9) new patterns of service; (10) development of experimental facilities; (11) other projects; (12) prosthetics and orthotics.

Project Grants

During the past 12 years over 1,000 projects have been supported under the program of the Division of Research and Demonstrations. Currently over 500 projects are active.

Figure 5 presents the fiscal history of the Division of Research and Demonstrations showing the growth in the total appropriations and in the number of new projects supported each year.

FIGURE 5.—NUMBER OF NEW RESEARCH PROJECTS, AND APPROPRIATIONS, DIVISION OF RESEARCH AND DEMONSTRATIONS, FISCAL YEARS 1955–67

Fiscal year	New projects	Total appropriation
1955	18	$298,900
1956	29	1,180,700
1957	48	1,999,000
1958	81	3,599,600
1959	67	4,599,700
1960	101	6,389,500
1961	116	8,162,500
1962	90	9,449,600
1963	91	10,493,500
1964	154	15,179,100
1965	148	17,070,000
1966	153	20,570,000
1967	125	21,015,000
Total................	1,221	120,007,100

Figure 6 indicates for fiscal year 1967 the relative emphasis placed on the 12 categories in terms of number of projects (including both new projects and continuations) and total funds awarded.

FIGURE 6.—TYPE OF RESEARCH PROJECTS, NUMBER AND APPROPRIATIONS: DIVISION OF RESEARCH AND DEMONSTRATIONS, FISCAL YEAR 1967

	Category	Total projects	Total appropriations
I	Rehabilitation of mental retardates	60	$2,556,000
II	Mental and personality disorders	30	1,609,000
III	Rehabilitation of deaf people	19	1,110,000
IV	Speech and hearing disorders	19	664,000
V	Rehabilitation of blind people	42	1,428,000
VI	Rehabilitation medicine	59	3,913,000
VII	Older persons and others with chronic and severe disabilities	19	910,000
VIII	Counseling and evaluation	28	1,164,000
IX	New patterns of service	96	5,775,000
X	Development of experimental facilities	10	474,000
XI	Other projects	5	171,000
XII	Prosthetics and orthotics	19	1,261,000
	Total	406	21,015,00

In addition to individual projects, the division supports collaborative projects with other organizations. It also supports programmatic research, the most important example being the *Regional Research Institute*, one of which is strategically located in each of the nine HEW regional areas. Each of these institutes performs a program of research centering around a core area of interest such as family counseling, dependency motivation, workshop administration or counseling in poverty situations. In addition, the Regional Research Institute provides to State rehabilitation agencies consultation on research problems and on development of new research and demonstration projects.

Resarch Training Fellowships

Still another function of the Division of Research and Demonstrations is the selection of individuals or institutions for *research training grants*. Individuals making a career of rehabilitation research may be awarded predoctoral or postdoctoral fellowships, or special fellowships for mature scholars, often during their sabbatical year. In addition, research training grants support a full-time research professor and six or seven predoctoral or postdoctoral trainees working on projects in some area of rehabilitation such as speech and hearing or treatment of cardiac cases.

RESEARCH AND TRAINING CENTERS

The Division of Research and Training Centers administers a program of grants to designated universities or other university-affiliated institutions for organizational units known as Rehabilitation Research and Training Centers. Grants to these centers enable them to conduct creative, independent research, and train professional and allied personnel in the physical, psychosocial and vocational aspects of rehabilitation. The centers are expected to assemble outstanding research and training personnel, develop a high degree of interdisciplinary cooperation and involve the various departments of the University in meaningful rehabilitation research and training.

The program, begun in 1961 with the designation of two medical centers, now includes 18 centers as follows: 11 medical centers, three centers in mental retardation, three centers in vocational rehabilitation and one center for the deaf. Figure 7 shows the growth of this program each year in appropriations and in number and type of centers.

FIGURE 7.—REHABILITATION RESEARCH AND TRAINING CENTERS NUMBERS, TYPES AND FUNDS: 1962–67

[Appropriations in thousands]

Year	Medical		Mental retardation		Vocational rehabilitation		Deaf		Total	
	Number	Amount	Number	Amount	Number	Amount	Number	Amount	Number	Amount
1962	2	$723							2	$723
1963	4	1,700							4	1,700
1964	6	2,965							6	2,965
1965	10	3,505	2	$380	3	$200			15	4,085
1966	12	6,575	3	500	3	400	1	$100	19	7,575
1967	11	7,175	3	750	3	550	1	100	18	8,575

Figure 8 gives another view of the program during the most recent reporting year (1967). It shows that in all, the 18 centers participated in 487 research studies and held 364 short-term courses which benefited approximately 18,415 persons in rehabilitation and closely allied fields.

FIGURE 8.—TOTAL CENTER RESEARCH PROJECTS AND TRAINING INSTITUTES, FISCAL YEAR 1967

Research and training centers	Number	Research projects	Short-term training courses	Trainees attended
Medical	11	395	270	15,145
Vocational rehabilitation	3	49	51	1,679
Mental retardation	3	40	38	1,191
Deaf	1	3	5	400
Total	18	487	364	18,415

In this program, particular attention is given to developing new methods and techniques for alleviating chronic conditions and preventing disabling conditions. Undergraduate medical students, practicing physicians, nurses, social workers, psychologists, counselors, and community volunteers are examples of personnel included in the center training programs. In addition, many patients or clients in these centers are helped during the courses.

The centers for mental retardation conduct research and training related to all aspects of rehabilitation of the mentally retarded including areas of prevention, sociocultural deprivation, methods of testing, learning problems, evaluation, training for employment, family adjustment, community or institutional living.

The centers in vocational rehabilitation are concerned primarily with developing new methods and procedures for providing the chronically disabled with vocational rehabilitation services such as counseling, work evaluation, education, and job placement.

The Deaf Center concept offers a unique opportunity to explore methods of communication between the hearing population and the deaf, and between the deaf themselves. Emphasis is also placed on psychosocial factors, counseling, vocational evaluation, employment, and other unmet needs of the deaf.

Plans for additional centers are projected to include emphasis on other chronic disabilities such as: the blind and deaf-blind; epilepsy and other neurological diseases; and mental illness. A special inquiry is being made into the need for a network of spinal cord injury centers.

INTERNATIONAL REHABILITATION RESEARCH PROGRAM

This program helps support cooperative rehabilitation research projects of mutual value to the United States and foreign countries. It is financed by "counterpart" funds, or foreign currencies owned by the United States in foreign countries as a result of our sale of surplus agriculture commodities to other nations. Under the Food for Peace program, the United States agrees to accept the foreign national currencies in payment for this food. These currencies are then used to support the local costs of our embassies, consulates, and a wide variety of activities for which we would otherwise be spending dollars.

In countries where the supply of such currencies is in excess of the U.S. Government's "normal" needs, some of the excess funds are made available to the Social and Rehabilitation Service to support research and demonstration projects. In fiscal 1968 the money available for this purpose is the equivalent of $5 million. Thus, this research program is carried on with no cost to the American taxpayer since the dollar costs were originally spent to support the domestic prices of our own agricultural products.

The program was initiated in 1961 with an appropriation of $930,000 that was used to help support 13 projects. During 1967, with an appropriation of $3 million, 19 new projects were started. Altogether 109 projects have been supported in 10 countries—Brazil, Burma, India, Indonesia, Israel, Pakistan, Poland, Syria, United Arab Republic (Egypt), and Yugoslavia. In addition, projects are now in development in Ceylon, the Congo, and Tunisia.

Whenever possible, the Social and Rehabilitation Service assists in establishing joint research projects between American universities and organizations, and foreign universities and organizations. Thus, international research projects are attracting outside researchers in each of the participating countries.

These projects also are producing important results in certain special investigative fields, such as effects of physical activity on coronary patients; surgical reconstruction of leprosy patients; training of blind persons in agriculture; vocational assessment of cerebral palsied persons; immediate postoperative fitting of prostheses; and a pilot center for treatment of burns.

The American and foreign universities and agencies conduct similar or related research and exchange findings and data, in order to enhance their respective experimentation and studies. For example, Dr. Marian Weiss of the Rehabilitation Clinic in Warsaw, Poland, developed in such a project a series of new techniques for immediate postoperative fitting of prosthetic devices to amputees. The Navy Prosthetic Research Laboratory in Oakland, Calif., the Veterans Administration Prosthetic Center, the Hospital for Joint Diseases and New York University in New York, the University of California, and the Veterans Administration Hospital in Seattle are applying Dr. Weiss' concepts in the United States.

In September 1961, the international rehabilitation research program began implementation of Public Law 86–610, the International Health Research Act of 1960. As a result, about 120 scientists and experts engaged in RSA-supported overseas projects have been brought to the United States since then, to observe related research activities in this country. These people are given opportunities for personal contact, first-hand observation, and direct exchange of ideas and practices that add immeasurably to the value of research in the United States and in their home countries. An approximately equal number of American scientists and experts have been sent abroad to consult on the overseas projects. The Committee is impressed with the suggestion that there should be an interchange of at least two experts for each research project in the international program.

The numbers of projects and specialists exchanged in each year since 1961 are shown in figure 9, together with the appropriations.

FIGURE 9.—GROWTH OF INTERNATIONAL REHABILITATION RESEARCH PROGRAM, FISCAL YEARS 1961–67

Fiscal year	New projects	Foreign currency appropriation for projects	Foreign specialists	U.S. specialists	Domestic support appropriation [1]
1961	13	$930,000	0	0	------------
1962	13	1,372,000	0	5	------------
1963	8	2,000,000	5	11	------------
1964	23	2,000,000	14	12	$100,000
1965	21	2,000,000	31	37	100,000
1966	12	2,000,000	32	25	100.000
1967	19	3,000,000	41	46	100,000
	109	13,302,000	123	136	400,000

---

[1] About $50,000 of this each year is for expenses of foreign specialists in the United States; about $50,000 each year is spent for purchase of equipment in the United States to be shipped to the project sites (equipment not available in the project country).

The following types of research have been undertaken in the international program:

Type of research	Number of international projects
Prosthetics and Orthotics	17
Blindness	15
Heart disorders	11
Speech and hearing disorders (including deafness)	10
Mental disorders	10
Cerebral palsy	4
Leprosy	4
General rehabilitation research	18
Others	20
Total	109

The distribution of the 109 projects among countries is as follows:

County	Number of research projects
Brazil	3
Burma	1
India	32
Indonesia	1
Israel	32
Pakistan	13
Poland	8
Syria	1
United Arab Republic	9
Yugoslavia	9
	109

ACCOMPLISHMENTS AND GENERAL RECOMMENDATIONS IN RESEARCH

Accomplishments

In general, the research grants and demonstration program is a study of the transition of the client from sick role to well role, from institutional setting to independent functioning in the community. There has never been a systematic effort to evolve a model of the stages in the rehabilitation process. But the process has been attacked piecemeal from all angles by a burgeoning number of individual projects. On many of these research projects (more than one-half of them in 1967) disabled persons are given rehabilitation services. In 1967, for example, 52,889 persons were served through the Research and Demonstration Grant program and 8,764 of them completed their rehabilitation.

A considerable amount of research is designed to improve means by which individuals can be assisted to obtain and keep a job. In the mental retardation areas, for example, a manual has been produced analyzing 131 jobs available to the retarded and the characteristics necessary for success in these jobs. Methods of evaluating prevocational behavior of the retarded have been developed and embodied in several test batteries for prediction of job success. Such methods are particularly important in connection with the emphasis on evaluation in the 1965 amendments to the act.

For mental patients, evaluative studies also have been made and scales developed for predicting employability in work and ability to continue in the jobs.

In deafness and blindness, basic research has been strongly concerned with development of devices to aid in mobility, reading, hearing, speech training, and learning of school subjects or new vocational skills. In this way, it has been possible to open up new vocational opportunities such as computer programing for the blind and the performing arts as a profession for the deaf.

Rehabilitation medicine has been concerned with numerous studies of the physical functioning of asthmatics, arthritics, cardiac cases, etc., under varying conditions to determine optimal methods of returning such individuals to work. There have been studies, for example, of energy expenditure of cardiacs on the job, of emphysema patients in a high-oxygen atmosphere, of exercise for asthmatics and of chemosurgery for Parkinson's disease.

Work on orthotic and prosthetic problems has been so successful that many of the results have been embodied in university courses for training in these fields. Some of the most outstanding work is concerned with externally powered upper extremity devices. One of these, a pneumatic arm, has resulted in patentable elements.

Some research categories cut across the various disabilities. In counseling, for example, increasing effort is being invested in analyses of client-counselor interaction. There is also increased emphasis on extending the role of the counselor through the use of aides who live in the neighborhood being served, and in the development of leaderless group therapy in which clients follow programed directions for structuring their own interaction.

The other arm of the research effort consists of applied studies of new rehabilitation procedures. Most of these projects are demonstrations which typically study one of the steps in the journey to employment. Perhaps because of the obviousness of a workshop as a prevocational device, early demonstrations have tended to be of a workshop type. Thus workshops have been successfully developed within institutions for mental patients, retardates, and the chronically ill or aged. For clients who have left the institution or have not been committed to one, similar workshops have been provided as the next stage toward rehabilitation. These workshops are essentially therapeutic with emphasis on work adjustment rather than on specific job skills.

Supplementary to workshops, and carrying the journey to the community a little further, are day centers and half-way houses for ex-mental patients, alcoholics and drug addicts or retardates, and transitional employment of ex-mental patients. A number of different half-way facilities have been tried, including not only the separate residence with house mother and house father but also hotels, boarding houses, and foster homes. Most of these methods have been successful, although drug addiction still presents a problem in this area. Transitional placement in noncompetitive employment in industry has been quite effective for ex-mental patients and suggests that more should be done in this direction for retardates.

There have been some studies of end results of the rehabilitation process through followup of rehabilitation in the community. Some of these have resulted in determination of characteristics predictive of later success and have provided statistics on how well jobs are maintained over a period, usually of 6 months or a year. A particularly interesting development is a set of eight collaborative studies of prisoners, parolees, and probationers under Federal jurisdiction.

Many demonstration projects lead logically to research in which new ways of organizing services are tried out. This type of research is increasing as poverty agencies proliferate and emphasis is placed on statewide planning for all types of handicapped persons. There is a growing realization that the handicapped are too often a permanent burden upon the entire community and that a systematic unification of effort must take place to lift this burden. Examples of this type of research are studies involving rehabilitation participation in public housing projects, community mobilization for services to the mentally retarded, cooperation with the Federal Bureau of Prisons and the Federal Probation Service on public offender rehabilitation, and welfare-rehabilitation collaboration for public assistance clients. In fact, research and demonstration projects often provide the basis for the first collaboration between the public rehabilitation program and another agency.

Recommendations

We recommend the continuation and extension of community-oriented research, especially in the cities because of the many contributions it is making and can make to meeting the problems of the handicapped and disadvantaged in the cities.

We recommend that funds for research and for the exchange of experts be authorized and made available to the SRS to be used in the non-excess-foreign currency countries of the world, and that more U.S. dollars be made available for this research and interchange program now being carried out in the excess-foreign currency countries, since these dollars are needed not only to increase the number of interchange experts brought to the United States but to purchase essential research equipment not available in these countries.

We recommend legislation to authorize construction and staffing of rehabilitation research and training facilities in the United States. Such facilities would supply in one place an organization of space and equipment which would permit research and training to be carried out with maximum efficiency, and would provide a quality environment for teaching students preparing for the rehabilitation professions.

We heard critical comments regarding the effect on the research program of pressure to produce more rehabilitated people as the end result and principal criterion of the research program. These critics have pointed out that too much emphasis has been placed on "outcome" studies in which new procedures are tried without sufficient analysis of factors leading to success or failure. Critics also have stated that well-designed "followup" studies of persons reported "closed-rehabilitated" by the State agencies have been rare and have dealt with too few cases to permit valid generalization about methods used in the vocational rehabilitation program. One respondent to our letter of inquiry suggests that an independent organization be used to conduct followup assessments which could be carried out rather like an audit.

Recognizing the need for continuing study of persons who receive vocational rehabilitation services, we recommend that this research program give very high priority to studies of the rehabilitation process. The need for continuing followup studies of rehabilitants is further emphasized in the section under Operations Research.

SPECIAL PROBLEMS, NEEDS, AND RECOMMENDATIONS FOR THE RESEARCH GRANTS PROGRAMS

Research Communication and Utilization

Problems. Not only in rehabilitation but throughout the scientific realm, the traditional distinction between basic and applied research and between discovery and application has choked and diverted the smooth flow of scientific communication. The distinction made between investigation "for its own sake" and attack on specific problems has led to the assumption that considerable time must necessarily elapse between any derivation of fundamental principles and their practical application.

A newer conception holds all research to be aimed at usefulness and located on a continuum of applicability in which basic research is actually the most widely useful because of its relevance to many practical situations while applied research is the most narrowly relevant to specific problems. The best method of use of information located on this continuum is now itself a subject for scrutiny as in the Defense Department's "Project Hindsight" which attempts to trace technological advances back to scientific discoveries.

The chief connection between technological advances and more basic science has been found to be in "gap filling" research which is devised for the specific purpose of providing knowledge without which certain progress in application cannot be made. Presumably such "gap filling" research could continue to extend backward, through discovery of further more fundamental gaps until the most basic studies were reached. Much of basic research in rehabilitation is of a gap filling type.

Similar to the artificial dichotomy between basic and applied research is the distinction between production and utilization of research findings. Here also there has been little systematic study of the path from discovery to assimilation.

The rehabilitation research program has provided leadership in the move away from the old dichotomies, since the agency program has always provided for a progression from basic research to demonstration to application. For example, the manual of jobs for retardates has been made available to the U.S. Civil Service Commission for its demonstration of employment of retardates in the Federal Government. Leaderless group therapy developed in the research progam is being used in the Watts area of Los Angeles on a poverty project.

In particular, procedures tested in demonstration projects have been used as prototypes for "selected demonstrations" which have been given wide geographic distribution and located strategically where local support should be increasingly given until the projects could, after 3 or 4 years, be completely taken over by the communities. Such "selected demonstrations" were among the most successful products of the research program and included halfway houses for the mentally ill, occupational training centers for the mentally retarded, work-study programs for mentally retarded students of high school age, mobility training for the blind and workshops for the aged. Following the 1965 amendments, it was possible to transfer this activity to the State rehabilitation agencies, thus leaving the Federal research program more freedom to supply the basic research and prototype demonstrations from which further State innovations can spring.

Less successful has been the translation into improved practices of the findings embodied in the final reports of research projects. The consumer has often been unsuccessful in locating and extracting knowledge from these sources.

But, along with the explosion of scientific publications and Government reports now taking place, has come intensified concern with techniques which will bring scientific ideas to practical settings. In the Social and Rehabilitation Service, it is recognized that too much time has elapsed between carrying out studies and getting the reports of them distributed to those who could use them, and that the mere distribution of final reports is not enough.

To remedy this, a Research Utilization Unit has been created to provide guidance to persons asking for information and to issue "Research Briefs" in which related research results are pulled together and their practical application discussed. As a further aid to interpretation of reports, grantees are now requested to place inside the front cover of the final report a short pithy statement of the practical use of the research. One of the most effective means of translating final reports into consumer language and usable ideas is the agency magazine, the "Rehabilitation Record," which publishes researchers' articles based on their final reports.

But more and different devices are needed to carry findings further toward implementation. One specific way of implementing research is to hold a conference toward the end of a research project in order to present results to a few selected persons who are engaged in similar activities. This type of conference not only assists the grantee to interpret his results but also brings the research to the people who can benefit most from putting it into practice.

It is recognized now that projects concerning research utilization should be a normal part of the research program. The new Research Utilization Unit could assist in stimulating such studies. One such project, successfully completed, sought the reasons why a selected demonstration occupational training center for the retarded had been successful, while a comparable workshop had not been so effective. Three different methods of communicating these findings were tried out and evaluated with a group of similar agencies. It is hoped that experimentation of this type can be extended to different findings and different communication techniques.

One type of research grant supports an operations research specialist in a State rehabilitation agency to consult with potential applicants outside the agency, assist the agency in preparing, submitting and carrying out research or demonstration projects, and acquainting State personnel or other consumers with existing research findings. To date, very few States have availed themselves of this opportunity for research assistance, and those few personnel who were employed did not have time to do much communication of research findings.

As a result, it is now planned to provide grants for "change agents" in the State vocational rehabilitation programs who will devote themselves to the goal of putting research findings into practice as widely as possible. In some State programs, this would amount to the creation of a small research unit consisting of at least the operations research specialist and the change agent. A research unit of this type was also recommended by the research committee of the Council of State Administrators of Vocational Rehabilitation at their meeting on April 24, 1967.

That research committee, in fact, went further and recommended the establishment of a research social scientist in each regional office staff of the Social and Rehabilitation Service, to provide research stimulation and consultation as well as liaison with State agencies. Publication of a research bulletin by the SRS also was endorsed by the research committee.

In order to continually develop fresh means of research utilization, a Task Force on Research Utilization has been formed from staff members representing relevant divisions of the SRS. This task force is meeting regularly and bringing out periodic reports with suggestions for improved uses of research findings. One outgrowth of the task force suggestions will be a conference on research utilization.

Respondents to our letter of inquiry made numerous suggestions including (1) the need to give as much attention and care to the utilization of results as to the original research project (2) requiring that the grant application, when possible, contain within it a view of the practical applications (3) a research briefs publication pulling together findings of different projects (4) a research newsletter or journal of rehabilitation research (5) translation of findings into the language of the consumer (6) involvement of service personnel in planning of research (7) participation of researchers in training courses for agency staff (8) traveling research consultants, and (9) permanent research liaison personnel in service agencies.

In discussing the climate and opportunity necessary for putting new research results into practice, it was pointed out that State service personnel are overworked, and that innovations of any importance could not be expected unless service personnel were given some leisure and freedom to think creatively and permitted a reduction of workload for trying out applications of research. Projects of this sort might even be federally financed, in line with the recommendations of the Research Utilization Task Force.

Recommendations

We recommend the strengthening of these efforts to provide more rapid and effective translation of promising research into active service programs. We welcome the recent establishment of a Research Utilization Unit in the Social and Rehabilitation Service and recommend that highly qualified staff from the many research fields involved in vocational rehabilitation be made available to this unit on a consultative basis at least.

We also recommend grants for "change agents" in the State agencies who will give full time to putting research findings into practice as widely as possible.

In addition, we make two other suggestions: (1) People operating rehabilitation programs should be consulted in the first planning stage of research projects so that possible practical applications of the research may be outlined at the start; (2) graduate students working on rehabilitation research should have a period of internship in a rehabilitation service program or center so that they may be more aware of the practical problems that need solving.

Research Grants Programs and Related Research in Other Government Agencies

An increasing number of other Government agencies sponsor rehabilitation-related research. Within the Department of Health, Education, and Welfare, research projects of this type have been sponsored by the agencies now brought together under the Social and Rehabilitation Service: the Rehabilitation Services Administration, the Children's Bureau, the Division of Research of the former Welfare Administration, and the Administration on Aging. We believe this reorganization will lead to more coordinated planning for filling research gaps and for practical application of research results in the rehabilitation field. It also should minimize overlapping research and lead to more joint projects.

Other agencies of the Department of Health, Education, and Welfare sponsoring such research are the Office of Research and Statistics of the Social Security Administration; the Bureau of Education for the Handicapped in the Office of Education; the National Center for Chronic Disease Control in the Public Health Service; and the National Institutes of Health. Chief among the Government agencies outside the Department which sponsor rehabilitation-related research are: the Office of Manpower Planning, Evaluation and Research (OMPER), of the Department of Labor; the Office of Economic Opportunity (OEO); the Department of Housing and Urban Development; the Federal Bureau of Prisons; and the Veterans Administration. In all these agencies, liaison staff have maintained informal but regular contact in an effort to reduce overlap and, more important, to bring about complementary or joint projects.

In a long list of undertakings, the agencies already are working together. For example, the Children's Bureau is supporting a study of the pneumatic arm for children carried on by the same investigator who is working on the pneumatic arm for adults for the Social and Rehabilitation Service.

The SRS is joining with several other agencies of the Department in support of a planning project for an "Experimental City" also supported by the Department of Housing and Urban Development and the Department of Labor.

A number of studies of rehabilitation of public assistance clients have been carried out under SRS sponsorship as cooperative projects of the rehabilitation and welfare agencies.

Similarly, studies of disability benefit cases have been carried out cooperatively by the Social and Rehabilitation Service, the Rehabilitation Services Administration and the Social Security Administration.

A number of OMPER demonstrations have stemmed from SRS projects or included vocational rehabilitation aspects.

A project on education and training opportunities for deaf youth is being planned as a joint undertaking of the Office of Education and the Social and Rehabilitation Service.

A planning project on a visual prosthesis funded by SRS has led to a full scale project in which the basic research aspects are being considered for funding by the National Institute of Neurological Diseases and Blindness (NINDB).

In important collaboration between SRS and the National Aeronautics and Space Administration (NASA), the latter consults with four SRS research institutions as to their research needs, and supplies them with NASA information reports, embodying devices which may meet these needs. Three of the participating SRS institutions are Research and Training Centers.

For general coordination purposes, the SRS obtains periodically from the Science Information Exchange abstracts of all relevant applications coming before Government agencies.

Recommendations

We recommend the continuation and extension of cooperative research on rehabilitation of the handicapped in the agencies combined in the Social and Rehabilitation Service and with such other agencies as the Social Security Administration, the Office of Education, the Public Health Service, the Office of Economic Opportunity, the Bureau of Prisons, the Department of Labor, the Department of Housing and Urban Development, and other appropriate agencies.

Staff Shortages

One of the difficulties in obtaining a maximum yield from research projects and maintaining interaction with an increasing number of other Government agencies has been the dearth of personnel to assist grant applicants, keep in touch with ongoing grants, review final reports, stimulate projects in new significant fields and assist with research utilization. Review of applications is also difficult because of the lack of staff representing certain professional specialties.

Grants at present cannot receive the detailed attention which they deserve even with considerable overwork on the part of the staff. Many projects never receive a site visit during their life. Yet face to face contact invariably produces much better understanding of grantee needs and findings, and may result in considerable budget savings at the time of continuation or requests for supplements. The utilization of research results could be increased also if staff had time to thoroughly review reports and consult with the research utilization unit on the description of research findings.

In general, the weakness resulting from lack of staff shows in inadequate programing of research. There is insufficient time to determine where a program need might be met and to visit that site in order to stimulate a desired project. Often such stimulation cannot take place unless the staff member has the time to work with the investigator in planning the research and to keep in touch by at least a yearly site visit after approval of the application. Only by careful attention to projects from inception to termination can research be programmed in such a way as to serve both the interests of the agency and the investigator.

Recommendations

We recommend an increase in research staff of the Social and Rehabilitation Service (in both number and type) in order to improve the programming, the quality, and the utilization of research.

Training and Attracting Researchers

Improvement of the rehabilitation research program depends to a considerable extent on the availability of well trained researchers who are also well versed in the rehabilitation field. However, the combination of research expertise and knowledge of service needs is not common.

In our letter of inquiry to many institutions and organizations in the field of rehabilitation, we solicited ideas to help meet this need. Respondents suggested (1) arousing research interest by starting at the undergraduate level (2) a master's degree program in rehabilitation research established to complement the doctoral research programs (3) fellowships for counselors doing research on the job with a reduced caseload (4) encouragement of applications for research fellowships from the fields of engineering, chemistry, and physics (5) raising predoctoral and postdoctoral fellowship stipends (6) raising salaries of research personnel (7) creation of departments of rehabilitation in universities.

Various methods were suggested for improving the Social and Rehabilitation Service "image" as a research organization. The research should be seen to include basic "risk-taking" studies, even experiments on animals. Articles showing rehabilitation as a good research area should be published in both social science and business journals. For social science audiences, rehabilitation problems should be phrased in terms of established theoretical frameworks such as learning theory. Prizes for good research articles should be awarded.

Other recommendations were for the removal of restrictions which often reduce the attractiveness of grants, for example, the requirement for matching funds. Contracts were recommended as superior for this reason. The cost of preparing research proposals was mentioned and it was proposed that this expense be allowable as a part of the expense of the project. More active attention of staff research personnel to stimulating and assisting in the preparation of applications was asked for.

Recommendations

We recommend that new methods for attracting promising graduate students to rehabilitation research be developed and tried. For example: (1) attempts to arouse research interest should be started at the undergraduate level; (2) stipends for both predoctoral and postdoctoral fellowships in rehabilitation research should be raised so that they are competitive with other available stipends; (3) fellowships should be made available to counselors who might be supported with reduced caseloads while doing research on their jobs; (4) applications for research fellowships should be encouraged from the fields of engineering, chemistry, and physics; and (5) articles in professional journals should show that this research program is not only concerned with immediate practical applied research but is supporting basic "risk-taking" studies—even experiments on animals—where such research might fill a gap in knowledge that now prevents rehabilitation of persons with certain disabilities.

INTRAMURAL AND OPERATIONS RESEARCH AND SYSTEMS ANALYSIS

Intramural Research

The goal of the program of intramural research is to provide the Social and Rehabilitation Service with analyses and ultimate answers to many problems not ordinarily found to evolve from grant-supported research, at least on a sufficiently broad base to be applicable nationwide. The programs will be designed to help the agency improve both the quality and quantity of services rendered to the client. Full utilization will be made of universities and agencies engaged in the rehabilitation process to provide under contract the necessary personnel to carry on the investigation and the necessary clientele to be used in such studies.

Examples of areas of investigation planned for the vocational field are: (1) Evaluation and improvement of prosthetic and orthotic devices, together with cost factor analysis; (2) staff utilization and training in areas affecting professional and subprofessional workers in the field of vocational rehabilitation with particular emphasis on staff selection techniques and training for career development; and (3) test and measurement studies to develop survey data on existing test practices, and normative data for nationwide application of an approved list of measures which would provide State and other agencies with a sound basis for predicting the outcome of rehabilitation.

Recommendations

We welcome the combination under one director of the intramural research program in all the Social and Rehabilitation Service agencies (the former VRA, Welfare Administration, Mental Retardation Division, the Children's Bureau and the Administration on Aging). Such a combined program will permit research of a scope wide enough to be useful to all phases of programs of rehabilitation for all types of handicapped persons. The unified program will also permit more effective communication of research findings and thus more rapid utilization of research results.

Operations Research and Systems Analysis

The operation of a comprehensive statistical analysis and reporting system to determine and evaluate rehabilitation program accomplishments and progress has been the responsibility of the Division of Statistics and Studies. Steps in this system include: (1) Administering a system of statistical reports on workload and individual case facilities; (2) assisting in the organization and operation of State statistical programs; and (3) preparing reports on State agency workloads and characteristics of clients.

In addition, the development of a National Information Service on Rehabilitation was authorized by the 1965 amendments to the Federal Act, and this division has been taking the steps necessary for the operation of a data information center designed to develop improved data for such a service.

We welcome the steps that have been taken and agree with the Statistics and Studies staff that, if the National Information Service is to function effectively, improved data must be developed with regard to the operations of the State agencies, the activities of other rehabilitation agencies, the rehabilitation services provided by workshops and rehabilitation facilities, and rehabilitation research and training activities carried out both by the agency's grantees and by other agencies. Furthermore, these data must be made rapidly available to operating agencies and researchers in the field of rehabilitation.

Need for Accurate Census-Type Information on Numbers and Types of Disabled Persons for Each State and City

It is generally agreed by all who have responsibility for planning services for handicapped individuals that more precise information is needed as to the number, location, and the categories of handicapped individuals in the Nation, the States, and in the cities. Both public and voluntary agencies need such information for planning and program purposes.

The statewide planning grants made available to States by the Rehabilitation Services Administration provide funds to help State agencies plan for an orderly and workable program expansion. However, precise statistical information on the number of disabled persons who need and are eligible for vocational rehabilitation services in each State, their location, and the nature of their problems—information which is essential for this planning and for the effective use of resources—is not available to the State agencies. Voluntary agencies working with special disability groups also need more precise information concerning the numbers and kinds of persons they should be serving.

Even for the Nation as a whole, estimates have had to be used. The current estimate is that 3.7 million persons could benefit from and would be eligible for vocational reshabilitation services under the State-Federal program. We outline below the methods used to obtain this estimate, not in any criticism, but to make vivid the lack of precise information even at the national level.

The National Center for Health Statistics of the Public Health Service, which conducts a continuing survey of a national sample of the U.S. population, estimates that more than 16 million persons of working age are limited in their ability to carry out their major activities such as working or keeping house.[1] To estimate the number eligible for vocational rehabilitation, the Rehabilitation Services Administration first reduced these 16 million persons by the number of persons deemed too young to receive vocational rehabilitation services, the number retired, and the number of housewives not in the labor force. It was assumed that the remainder would be the group from which those eligible for vocational rehabilitation services would be drawn. It was then estimated that 55 percent of this group would be eligible and feasible for vocational rehabilitation services since this was the median acceptance rate reported for general agencies in fiscal year 1964. The final estimate after adjustment for the population change to January 1, 1966, as well as a supplemental estimate for eligible persons living in institutions (about 200,000) came to about 3.7 million. This estimate may soon be revised upward, however, since a recent study by the Social Security Administration indicates that the number of persons who are disabled greatly exceeds the number previously estimated by the National Center for Health Statistics.

Recommendation and Committee Action: Data on Disability

One of the first problems to which we gave our attention was the obvious need for more precise information concerning the number, location, and categories of handicapped individuals who need rehabilitation services. After exploring the problem with staff from RSA, the Bureau of the Census and the National Center for Health Statistics of the Public Health Service, we agreed that the most effective way to obtain the needed information for each State, city, and county was to have questions concerning disabling conditions added to the decennial census. In this way, the information on age, sex, housing, educational and income level of handicapped persons which is needed for realistic planning, programing and budgeting for their rehabilitation would also be available. Furthermore, the inclusion of questions on disability on each decennial census would provide needed information on the increase or decrease in the numbers of persons in the various disability groups over the years.

Recognizing the immediate need for data of this kind and informed that planning for the census of 1970 was already underway, we did not wait for publication of this report to make our recommendation on this subject known. Instead, we wrote to the Secretary of Health, Education, and Welfare asking that all necessary steps be taken to obtain inclusion in the 1970 census of: (1) a question on limitation of usual activity—that is, the extent to which the respondent considers himself limited in the amount or type of work he can do because of a chronic health problem or condition; and (2) a question asking what chronic health condition was regarded as most responsible for the activity limitation. (For housewives or students, limitation of ability to do housework or go to school would be ascertained as an alternative to the question about work.)

In addition, we urged the Secretary to recommend that a proposed 1968 large-scale sample survey (large enough to give data for each State and the large cities), then being planned by the Office of Economic Opportunity and the Bureau of the Census, also include the questions on work limitation due to a health condition, with some identification of the type of condition most responsible for this limitation.

---

[1] U.S. Department of Health, Education, and Welfare; Public Health Service, the National Center for Health Statistics, *Chronic Conditions and Activity Limitation, United States, July 1961–June 1963.* Public Health Service Publication No. 1000, Series 10, No. 17, May 1965.

In response, the Secretary by letter asked the Director of the Bureau of the Census to include the needed questions about disability in both the decennial census of 1970 and the proposed 1968 large-scale sample survey. The Secretary pointed out that his department was responsible for spending in fiscal year 1967 over $10 billion, a substantial part of which would go into programs serving physically and mentally disabled persons.

As a result of the Secretary's letter and further discussion with the Census Bureau, departmental and agency staff, the Census Bureau representatives agreed to consider the inclusion of disability questions in the 1968 sample survey. When funds were not appropriated for that sample survey, negotiations continued with the Bureau of the Census for inclusion of the questions concerning disability in the decennial census of 1970. We understand that the Census Bureau currently is planning to include in that census a question on limitation of activity caused by disability and a question on how long this limitation has lasted. Although the Census Bureau has decided not to ask in 1970 about the name of the condition causing the disability, we have been informed that there is a possibility that the Census Bureau (with appropriate outside financing) may follow up a sample of persons found to be disabled and will try to determine the nature of the disability for this sample.

However, we also recognized that even after a census has found the number of disabled persons, by type and location, *additional steps will be needed to determine how many have a potential for benefiting from rehabilitation services*—that is, those who would be eligible for services under the State rehabilitation programs.

More information about the disabled will be available, nationwide, when more tabulations from the Social Security Study of Disabled Adults become available in 1968, since this study called for great detail about the social, physical, and economic effects of disability. Thus, this study should provide the basis for a better estimate of the number of disabled with an *apparent* need for vocational rehabilitation and an *apparent* vocational rehabilitation potential. Again, however, any valid data on real potential must come from a different kind of study.

Recommendations

To obtain the information needed for realistic plans, programs, and budgets for the rehabilitation of handicapped persons, we recommend that efforts be continued to assure that questions concerning the type and duration of disability be included in each decennial census so that information on the numbers and categories of handicapped persons will be available for each State, city, and county and can be combined with such other census information as their age, sex, housing, and educational and income level.

We recommend that the necessary funds be made available to carry out a study in depth in one or more selected States to develop and test methods of identifying and examining persons with limitations that handicap their employment or other major activity, to find how many of them could profit from vocational rehabilitation services and hence, how many would be eligible for such services under the State programs.

Need for Expansion of Information Systems

For State Programs. Statistics on the caseloads in State rehabilitation agencies, the characteristics of their clients, and on such data as agency costs and types of services provided come from the 91 State agencies. However, national figures become meaningless and may be misleading if the agencies record and report information in ways which are not comparable, as for example, by employing different definitions for the same terms.

In addition, it is very important that the statistical reporting systems of State agencies run smoothly, with a minimum of paperwork, so that the maximum amount of time can be devoted to giving services to clients, and that the reporting systems also generate the sort of information that will enable agency administrators to better evaluate and manage their rehabilitation programs.

We were pleased to find that the Rehabilitation Services Administration has prepared a revised set of instructions for statistical reporting to help insure against lack of standardized reporting from State agencies. A "Handbook of Programed Instructions" was prepared to help counselors and others fill out the case service report. Concepts and definitions were tightened and clearly presented in the new statistical section of the Vocational Rehabilitation Manual. These concepts and definitions, as well as many other proposed changes, were discussed in advance with the Committee on Statistics of the Council of State Administrators of Vocational Rehabilitation.

The reporting form itself was made self-coding to the fullest degree possible to minimize the amount of writing that is often done by counselors or their secretaries. The form was also designed to be used with ease by agencies, regardless of their size or the type of equipment, if any, they use to process data. Also, if properly employed, the form and its carbonized attachments can reduce the amount of paperwork within State agencies.

Data collected on the revised Case Service Report Form, which was introduced on July 1, 1966, are being processed and have already started to come off the Univac computer. Thus, RSA is now obtaining detailed information on kinds of persons served, services given, costs, etc.

In addition, the agency's Division of Statistics and Studies has been active in advising State agencies on the propriety of establishing automated data processing systems and, in instances where automation is called for (some agencies are too small), has presented suggestions on how such a system might be initiated and used to the fullest advantage. The staff of the division also conducted a seminar in mid-June, 1967, for certain agencies not now using computers in their operations, but who would be interested in doing so. The agenda for the seminar included information on how to get started, what equipment to use, and a detailed description of a model automated data system.

For Research Programs. Because of the increasing amount of research in rehabilitation and related fields, there is a growing need to provide a more rapid channel of communication between different investigators in the same field to reduce the chance of duplication of research effort, and between researchers and the rehabilitation service programs so that there can be more rapid translation of research findings into practice.

Under an automated data collection, processing and retrieval system, summaries of purposes, results, and other data on specified categories of projects can be supplied on demand and information on the characteristics of clients served under research and demonstration projects can be made available for the first time.

We noted with approval that the first step in developing such an information system has been taken. A prospectus which outlines the components of a complete information system in the area of research has been prepared and distributed to the nine Regional Research Institutes with a request that they participate in developing the glossary of terms frequently used in the rehabilitation field and that they start on the necessary abstracting of research results. Working sessions with these regional participants are under way.

For Workshops and Facilities. At present, too little is known about the quality of services rendered, the persons served, the expenses involved, etc., in private workshops and rehabilitation facilities. Indeed, even the number of such establishments is not known. Because of the increase in Federal grants to workshops and rehabilitation facilities, it becomes more urgent that such data be made available so that future allocations of grant dollars can be based on more accurate knowledge. In addition, the strengths and weaknesses of the private programs have policy implications for the State-Federal program itself and for the relationship of one program to the other.

The following steps have been taken to help correct this dearth of knowledge:

(1) A case service reporting form to be used by the workshops and rehabilitation facilities to describe the persons to whom they are rendering services has been developed and tested;

(2) An annual facilities questionnaire to call for information on the physical plant, staffing, finances, etc., has been developed and tested; and

(3) A register of all workshops and facilities is being compiled by facilities specialists in each State with the aim of total coverage. These steps mean that an information system on rehabilitation facilities and workshops should be available, on a voluntary basis, in 1968.

Recommendation

We recommend continuation, expansion, and strengthening of the steps needed to develop the information systems of the Rehabilitation Services Administration, including the necessary additional staff and funds, so that the State programs for delivery of rehabilitation services, the programs for rehabilitation workshops and facilities, and the research programs can operate more effectively.

Need for Adequate Information on the Results of Rehabilitation

We were disappointed to learn that at present, there are no national studies which would enable a rehabilitation agency to assess the long-range effects of services rendered to clients in the State-Federal program. Some information on clients at time of rehabilitation closure is obtained but nothing thereafter is collected. A few dozen followup studies of a local nature have been conducted, but as a group these are characterized more by the questions they raise than by the answers they provide. They use different definitions and produce results that cannot safely be projected into national data.

We believe that a national, continuing study of persons who have received rehabilitation services in past years is badly needed to provide information on such questions as how many are still gainfully employed in the years after the receipt of services, what their present earnings are, and whether it was necessary to return for more services. There is a corresponding need for development and widespread use of a system for evaluating agency programs.

Without data of this type it is not possible to judge adequately the effectiveness of methods used in the vocational rehabilitation programs. Furthermore, the installation of the current Government-wide long-range planning system which calls for, among other things, a presentation of the benefits of a program in comparison to its costs, makes it imperative to have realistic data of this kind.

Recommendation

We recommend that funds be made available for (1) a continuing national study of persons who have received vocational rehabilitation services to obtain (a) adequate information with which to improve the effectiveness of the program, and (b) reliable figures on the costs and economic benefits of the program which are needed for effective planning and allocation of national and State resources; and (2) development and widespread use of a system for evaluating agency programs.

FUTURE OF REHABILITATION RESEARCH IN THE SOCIAL AND REHABILITATION SERVICE

The creation of the Social and Rehabilitation Service has provided the rehabilitation research program with a wider arena in which to carry out new research, and to implement and extend the research findings already accumulated in work on handicapped populations.

For example, transitional employment programs with employer evaluation and postjob counseling will be especially suitable for unwed mothers and for chronically unemployed persons. Personal and social adjustment to work environments can also be tested in regular employment sites utilizing special staff for supervision as well as skill training.

Another type of program particularly adapted for use with poverty groups is the half-way house which could be very useful for adolescents who need to be separated from their families, for mothers of dependent children, for unwed mothers, for young people moving into the community from homes for dependent children, and for elderly persons who could thus be assisted in leaving homes for the aged or living independently of their families. Work-study programs for culturally deprived adolescents are also an obvious possibility.

We commend the new plans to ask for budget support for demonstrations in the area of the "socially and culturally handicapped." In addition to the programs above, we hope that new procedures especially designed for use by poverty groups will be developed. New uses, for example, of neighborhood residents, programed instruction and foster parent activities should be possible.

Recommendations

We recommend a continuing increase in multidisciplinary projects in which components are contributed from the Rehabilitation Services Administration, the Children's Bureau, Administration on Aging, and welfare research branches within the Social and Rehabilitation Service, as well as from the Public Health Service, Office of Education, Office of Economic Opportunity, the Labor Department, and the Bureau of Prisons.

For example, projects for the vocational rehabilitation of previously institutionalized mental patients should be closely allied to existing and developing regional mental health center programs. Similarly, programs for the vocational rehabilitation of the public offender should be developed in cooperation with community correctional centers. The need for such cooperative projects with joint funding are becoming more urgent in the light of the close connection now recognized between maintenance of income of the poor and reduction of their dependency on funding agencies. We hope that continuous and increasing use of joint activities of government agencies may lead to a future reorganization in which all agencies engaged basically in rehabilitation are brought into closer, more unified and fruitful relationship.

CHAPTER VII

PUBLIC INFORMATION AND EDUCATION

THE STATE OF PUBLIC KNOWLEDGE OF REHABILITATION

Public awareness of modern rehabilitation programs, and their capacity to deal effectively with the problems of disability, lags far behind technical advances in restoring disabled people to active lives.

Much the same can be said for the lack of awareness on the part of many professional groups and individuals who have a direct or indirect relationship to disabling conditions and their aftermath.

As the volume and cost of public, voluntary, and private medical care programs mount, there is an urgent need to focus far more public and professional attention on the growing number of people who, with modern medical care, survive illness and injury—but with a serious disability. They number in the millions, yet the average citizen knows so little of today's rehabilitation programs that he is completely unprepared when disability strikes him or his family.

Too often the physician who has played a key role in the acute, life-saving stage moves on to other patients without setting the rehabilitation process in motion for his patient. Months, sometimes years, pass before community agencies intervene to direct the disabled individual into a modern program of restorative and rehabilitative care.

SOME OF THE TASKS IN PUBLIC INFORMATION

There are a number of different purposes to be served by a communications effort.

First, people with a disability need to be told that they can be helped.

Second, more members of the medical profession need to realize that there are highly competent skills and institutions available to assist in the return to normal life of a disabled person, once the acute medical phase of the illness or injury has passed.

Third, the communications effort should assist in recruiting people in fields related to rehabilitation.

Fourth, the so-called "average man" should have as much general grasp of disability and rehabilitation as he has, for example, of education. He should have this understanding *before* disability strikes him or his family, not after.

Fifth, the public generally should know where to turn for help to cope with the problems of disability.

AUTHORITY

The present Federal law (Vocational Rehabilitation Act) provides abundant authority to develop and conduct a major education and information effort in the field of disability and rehabilitation. In fact, the law appears to be much more explicit than is usually provided for governmental information efforts, and would seem to reflect a desire on the part of Congress that an extensive and aggressive program be carried out. This is in keeping with the often-expressed desire of the Congress and the executive branch to do everything possible to better serve disabled people in this country.

Specifically, the law states (sec. 7) that the Secretary of Health, Education, and Welfare *shall* "* * * disseminate information relating to vocational rehabilitation services, and otherwise promote the cause of rehabilitation of handicapped individuals and their greater utilization in gainful and suitable employment." It further authorizes the Secretary, directly or by contract, "to plan, establish and operate an information service, to make available to agencies, organizations, and other groups and persons concerned with vocational rehabilitation, information on rehabilitation resources useful for various kinds of disability and on research and the results thereof and on other matters which may be helpful in promoting the rehabilitation of handicapped individuals and their greater utilization in gainful and suitable employment."

THE PRESENT EFFORT

The above authorization in law has been carried into practice on an extremely limited scale. Fifteen years ago, when the Office of Vocational Rehabilitation administered one program and an annual budget of $22 million, the public information staff totalled four professional workers. Today, with 11 programs and a budget nearing $400 million, the information staff totals four, plus two editors who produce the agency's magazine, the *Rehabilitation Record.*

A commendable effort is made but, with these severely limited resources, a national effort to inform and educate the public and key professional groups to disability and rehabilitation is completely out of the question.

For the public to fully support the substantial increases in public and voluntary funds that are contemplated in the next few years, including the expansion and improvement recommended in this report, the public will have to have a much better picture of what already is being done with its money, and what can be expected from greater outlays in the future.

Against this kind of educational need, the information efforts of the Rehabilitation Services Administration, like most governmental efforts, appear to be small housekeeping appendages to programs which, for the most part, are far more concerned with internal operations than with helping the public understand them and their work.

A related activity has helped to meet one facet of this need—the employment phase. The President's Committee on Employment of the Handicapped has successfully conducted a continuing effort to secure understanding and acceptance of the fact that properly rehabilitated handicapped people are employable and can perform as well, and sometimes better, than employees with no physical or mental handicaps. This well-established program should be continued.

Several national voluntary organizations, most of them concerned with one health or disability problem, contribute substantially to public interest and education. In fact, what understanding has been achieved has been largely due to the efforts of these voluntary groups. However, their impact on the public consciousness in terms of disability as a national problem is diluted by the intermixture of education with fund-raising; by the single-disability approach in public education; and by the extremely variable nature of the service programs they foster and conduct.

PROPOSALS IN PUBLIC INFORMATION

We see an urgent need for an imaginative, skillfully conceived program to convey to the several "publics" concerned a much more accurate and useful picture of today's rehabilitation programs and what they can contribute in dealing with the Nation's massive problem of disability. Both the mass media and the specialized channels need to be brought to bear to reach an audience which, in both size and diversity, is exceptionally challenging.

We have accepted two basic facts in our approach: First, the Social and Rehabilitation Service, having major responsibilities in the Federal Government in disability and rehabilitation, will have to be the hub of this programming. Second, the Nation's top expertise should be put to work to plan the approach and contents of such a national information effort.

RECOMMENDATIONS

We recommend that a comprehensive public information and education plan be developed and carried out which brings into play governmental, voluntary, and industry resources in concert, in a joint effort to reach and inform both the public and special groups concerning disability and rehabilitation.

We commend the Advertising Council for its plans to conduct a major national campaign directed to public education on disability and rehabilitation. The Advertising Council, as the public service arm of the Nation's advertising industry, has already rendered outstanding service in a variety of fields affecting the national interest. Its unique talents and methods now will be used on behalf of the Nation's disabled people. The entire Department of Health, Education, and Welfare, and the Social and Rehabilitation Service in particular, should give this campaign complete and unstinting support.

We recommend that the Social and Rehabilitation Service, Department of Health, Education, and Welfare be the operating hub of a combined public-voluntary-industry effort, and be staffed accordingly; and that it so organize and staff its public information work that a national campaign can be conducted, using advanced techniques and mass media on a continuing and coordinated basis, in addition to provisions for the day-to-day responsibilities inherent in any governmental information program. It should be, in addition, the working link between the Advertising Council campaign and the other elements of the total national campaign. It should be the means by which thorough coordination is achieved with the Office of Public Information, Department of Health, Education, and Welfare; the information programs of the Department's other agencies; the President's Committee on Employment of the Handicapped; and others.

We recommend that the guidance and help of an outstanding public relations firm or advertising agency be secured by the Social and Rehabilitation Service to advise on the development of communications materials and methods in the various required fields. This type of expertise is essential to conceiving and carrying out the sort of effort that is required, and such talent ordinarily is available only from the best and most experienced agencies in the advertising industry. This plan and program would be distinct from that proposed above by the Advertising Council. The latter uses certain methods and media to reach the general public; the Social and Rehabilitation Service effort must be aimed primarily at the many other phases and objectives which an Advertising Council campaign, by its nature, does not attempt to deal with.

We recommend that a special plan and program be developed to reach the practicing physicians of this country and to secure their active involvement in seeing that their patients who sustain severe disabilities are brought into appropriate rehabilitation programs promptly. This requires a highly specialized approach; innumerable earlier efforts to reach the busy practitioner, without substantial success, have made this plain. The Social and Rehabilitation Service should retain an expert to prepare, propose, and assist with an educational effort in this one field. Consideration should be given to making the State rehabilitation agencies the focal points in the conduct of this program.

We recommend that a national contest be organized and conducted for the best material written and published or produced on disability and rehabilitation. A substantial monetary award should be offered for the best presentation in each of three fields—TV-radio, newspapers, and magazines—along with appropriate professional recognition of the winners.

We recommend that special provision be made, in such an intensified information program, to convey effectively the results of research advances. While the task of reaching researchers and practitioners, to provide them with the most modern information, is largely one for special treatment through professional and technical channels, it is important that the public generally, and certain "publics" related to the rehabilitation field, be made aware of these developments. Thus, the public information plans should call for agency staff with skills in science writing, visual aids, educational TV, closed circuit TV, and the use of mass and selected media, to make known the expanded possibilities for rehabilitating disabled people as a result of specific research breakthroughs and improved methods.

We recommend development of a carefully conceived and executed public information program as a powerful tool in recruiting young people to careers in professional rehabilitation work. This need has been noted in chapter V of this report as part of the new efforts required for recruitment for the professional fields. As the use of subprofessional aides and other supplementary personnel expands, this same effort should be made for recruitment at that level. Part of this task can be carried out through such collaborative efforts as the well established "Health Careers" program. However, there is an urgent need to pinpoint career opportunities in the specific field of rehabilitation. In particular, such a public relations effort should align itself with the expanding recruitment efforts through summer employment of high school and college students and other temporary and part-time employment.

We recommend that all State Directors of Vocational Rehabilitation review their present public information activities and set new goals for themselves in educating the public to disability and rehabilitation. It seems evident to us that, while a few States presently conduct good or reasonably good public information programs, the vast majority of them are lagging markedly in their responsibilities to tell the citizens of their respective States the basic facts about disabling conditions and the help available through rehabilitation services. A Washington-based public information effort can accomplish only part of this task. But active and consistent participation by all State rehabilitation agencies can help the American public become reasonably well informed in a fairly short period of time. Each State director should make sure that he has fully adequate numbers of competent information personnel and that they are functioning within the framework of a carefully thought-out and well executed State information program.

We recommend, in addition, that the State vocational rehabilitation agencies be asked to accept a specific responsibility for effectively reaching all medical practitioners in their individual States. The busy doctor represents a special audience. The demands upon his time are usually unrelentiing and the task of reaching him is a very special one. His professional concern for his patients, including those with permanently handicapping conditions, requires that he be approached with professional sensitivity and a genuine desire to help cope with the problems posed by his seriously disabled patients. To achieve this and gain the active understanding and daily cooperation of the practitioner, a State rehabilitation agency should lay out and conduct a special program designed solely to meet the needs and interests of the doctor. For this, the Social and Rehabilitation Service should have a well-developed supportive program which helps the States produce and use the materials needed by the States for this special effort in medical relationships.

We have considered the suggestion that a national conference on rehabilitation be held. Such a conference would have certain advantages in terms of focusing attention on this broad subject and as a platform for considering improvements that could and should be made in the Nation's rehabilitation programs, facilities and other resources. We believe this would be successful if it were held at a suitable time, under favorable circumstances which would elicit the most positive response to the conference agenda and proposals.

Therefore, we recommend that a national conference on rehabilitation be held in the early spring of 1969.

We recommend that, as part of an expanded public information effort, special attention be given to much more regular and improved use of trade and technical journals. This relates to trade journals published by organized labor groups as well as commercial, industrial and other publications. Fortunately, the Social and Rehabilitation Service already has good working relations with organized labor, business and industry, civic groups, and many others. This should be capitalized on through the use of much better programing of public information efforts through their publications.

CHAPTER VIII

RECOMMENDATIONS

A RECAPITULATION AS A GUIDE TO ACTION

1. FINANCING

Federal Legislative Action

We recommend:

(a) That appropriation authorizations and annual funds for vocational rehabilitation purposes be increased sufficiently to fully implement the recommendations in this report, including facility construction funds, and that no grantee be required to furnish more than 10 percent of program costs;

(b) That Federal funds be made available, through State vocational rehabilitation agencies, to develop and expand rehabilitation programs under the auspices of other public and private agencies, when the State agency certifies that bona fide vocational rehabilitation programs meeting State and Federal requirements will be operated.

2. VOLUNTARY AGENCIES AND THE DELIVERY OF SERVICE

Federal Executive, Administrative or Appropriation Action

We recommend:

That the public vocational rehabilitation program do all within its power to strengthen the private, voluntary agencies in the rehabilitation field, including coordination in the establishment of rehabilitation facilities and service-giving programs.

3. EMPLOYMENT OF THE DISABLED

Federal Legislative Action

We recommend:

(a) That employers be encouraged, through Government subsidy if necessary, to set up on-the-job training programs within industry so that disabled individuals can demonstrate to industrial personnel at all levels their ability to meet job demands;

(b) That the Social and Rehabilitation Service support research and demonstration projects that will provide comprehensive evaluations of the performance of the handicapped in employment situations, such studies to include costs to the employer of employing the disabled;

(c) That welfare policy clearly permit a recipient to keep up to a set amount of earnings during training without a reduction in welfare payments;

(d) That Federal funds be made available to match State funds for the important public information work carried on by the President's Committee on Employment of the Handicapped and its State and local counterparts.

Federal Executive, Administrative or Appropriation Action

We recommend:

(e) A series of conferences involving management, labor, and Government to develop reasonable and realistic approaches to determining job demands;

(f) That the Rehabilitation Services Administration take the lead to assure more effective coordination among agencies seeking jobs for the disabled, thus minimizing the problems resulting from too many agencies contacting the same employer;

(g) A concerted effort to involve trade associations and professional groups in programs and projects for employment of the handicapped:

(h) That employers and unions be urged, through collective bargaining, to establish programs to assure continued employment for employees who become disabled and provide employment for other disabled members seeking work;

(i) Comprehensive studies of workmen's compensation cases to determine the facts related to the resistance of employers to hiring disabled persons with aggravatable conditions where there is a possibility of fixing liability on the employer in the event of future aggravation.

State, Local or Voluntary Action

We recommend:

(j) That all rehabilitation agencies give special attention to skill development and personal adjustment services;

(k) That there be an expanded effort to prepare more disabled persons for jobs in the distributive and service fields;

(l) That State workmen's compensation commissions and State vocational rehabilitation agencies establish agreements which will insure that individuals on the workmen's compensation roles who need and can benefit from vocational rehabilitation services do, in fact, receive them, with minimal Federal standards set forth in these agreements and with provisions, wherever appropriate, for the workmen's compensation agency to secure services from the State vocational rehabilitation agency;

(m) Positive action to broaden and equalize second injury provisions so that liability for second injuries or aggravations is not the total responsibility of the last employer;

(n) Increased use of placement advisory committees comprised of leaders from industry, labor, and the community.

4. TARGET GROUPS FOR REHABILITATION SERVICE

Federal Legislative Action

We recommend:

(a) That the Vocational Rehabilitation Act be amended to recognize that work with families of handicapped individuals is often essential to the successful rehabilitation of the client, and to include provision of appropriate rehabilitation services to family members;

(b) That the Randolph Sheppard Act governing the vending stand program for the blind be amended to bring it in line with modern competition.

Federal Executive, Administrative or Appropriation Action

We recommend:

(c) That the Rehabilitation Services Administration strengthen its mechanisms for promoting and developing vocational rehabilitation programs for special disability groups, including substantial increases in central and regional office professional staff to provide program stimulation to, and technical consultation for, public and private agencies concerned with the special disability groups noted in this report;

(d) That the Rehabilitation Services Administration expand its training resources to meet the needs of specialized rehabilitation personnel working with particular disability groups;

(e) That regional rehabilitation centers be developed to provide comprehensive rehabilitation services for different categories of the severely disabled whose numbers necessitate a regional approach, including the multihandicapped blind, those with such neurological disorders as spinal cord injury, stroke, and epilepsy, those with communications disorders, those suffering with the infirmities of age, and those involved in drug abuse;

(f) That the Rehabilitation Services Administration assume leadership in establishing one or more college programs with specially designed curricula and supportive services for emotionally disabled youths who can benefit from college training, with the collaborative support of the National Institute of

Mental Health and the Office of Education;

(g) That the small business enterprise program be expanded to provide employment for many handicapped individuals who can best function as independent proprietors of small businesses;

(h) That the Rehabilitation Services Administration help establish additional workshops to offer employment to the multihandicapped blind and to provide part-time employment for other blind workers.

State, Local or Voluntary Action

We recommend:

(i) That the public vocational rehabilitation program provide services to all visually handicapped persons.

5. HANDICAPPED CHILDREN

Federal Legislative Action

We recommend:

(a) That legislative authority be extended to permit physical restoration and other vocational rehabilitation services for any child who needs them, where such services are not available with reasonable promptness from another source.

State, Local or Voluntary Action

We recommend:

(b) That vocational rehabilitation agencies take the initiative to establish cooperative school-rehabilitation programs in all schools, public and private, in both urban and rural settings;

(c) That vocational rehabilitation agencies cooperate with the schools to establish a central repository of health and rehabilitation records;

(d) That vocational rehabilitation personnel conduct evaluations of disabled children for rehabilitation purposes at regular intervals during the elementary and junior high years—for example, at ages 8, 12, and 14—with a view toward preparing the child for a meaningful vocational career.

6. CORRECTIONAL REHABILITATION

Federal Legislative Action

We recommend:

That the Vocational Rehabilitation Act be amended to provide a new section on correctional rehabilitation which would permit Federal grants to State, county, and municipal correctional institutions and agencies, emphasizing preventive rehabilitation services at community-based correctional centers, probation and parole agencies, and local jails.

7. PREVENTIVE REHABILITATION

Federal Legislative Action

We recommend:

(a) That the Vocational Rehabilitation Act be amended to provide that any vocationally handicapped person has the right to evaluation of his rehabilitation potential, and to authorize additional Federal funds to construct, equip, staff, and operate vocational evaluation and adjustment centers.

Federal Executive, Administrative or Appropriation Action

We recommend:

(b) That the Rehabilitation Services Administration take the initiative to emphasize early referrals in all its various programs, including assignment of counselors to general hospitals, improvement of working relationships with workmen's compensation, social security and welfare agencies to expedite early referrals, and involvement of vocational rehabilitation with special education programs in the schools during the early elementary years.

8. ELIGIBILITY

Federal Legislative Action

We recommend that the Vocational Rehabilitation Act be amended to provide:

(a) That, with respect to criteria of eligibility for vocational rehabilitation services, such services are available to individuals suffering vocational handicaps regardless of the cause of such handicaps; that vocational handicaps arising from physical or mental disability continue to be the major thrust of the program but in addition, individuals suffering vocational handicaps arising from cultural, educational, social and economic disadvantage also be a major responsibility of the public vocational rehabilitation program; and that the solution to the problems of vocational handicaps associated with deprivation and disadvantage be reached by a coordinated effort of those agencies with a direct stake in providing services to these groups.

Federal Executive, Administrative or Appropriation Action

We recommend:

(b) That no State shall apply economic means tests as a basis for denial of any vocational rehabilitation services.

9. THE COUNSELOR'S DILEMMA

Federal Executive, Administrative or Appropriation Action

We recommend:

That the Rehabilitation Services Administration take immediate steps to devise a more equitable system for giving counselors credit for their work, including greater recognition for the rehabilitation of the severely disabled than for rehabilitation of the minimally disabled.

10. TRANSPORTATION

Federal Legislative Action

We recommend:

(a) That the Rehabilitation Services Administration propose legislation that would permit tax credit for certain transportation costs of disabled persons.

Federal Executive, Administrative or Appropriation Action

We recommend:

(b) That the Rehabilitation Services Administration set up more organized arrangements with officials in the Department of Transportation to develop cooperative plans and programing to alleviate the transportation difficulties of disabled citizens;

(c) That the recommendations of the National Commission on Architectural Barriers with respect to transportation of the disabled be fully supported;

(d) That the Rehabilitation Services Administration, through its various auspices, explore and develop new methods and techniques for effectively transporting the severely disabled, including the use of volunteers.

11. ORGANIZATION AND OPERATION OF REHABILITATION SERVICES ADMINISTRATION

Federal Legislative Action

We recommend:

(a) That the Vocational Rehabilitation Act be amended to consolidate various grant mechanisms for support of rehabilitation service programs at the State and local levels in order to enhance administrative flexibility and to minimize confusion in the minds of potential grantees.

Federal Executive, Administrative or Appropriation Action

We recommend:

(b) That the Rehabilitation Services Administration evaluate the individual final reports of the statewide planning projects and consolidate the findings, to provide valuable data and guides for both State and national programing;

(c) That the Rehabilitation Services Administration assume continuing responsibility in statewide planning, to assist both the Regional Offices and the States;

(d) That the Rehabilitation Services Administration Salaries and Expenses appropriation be substantially increased to permit effective administration of all sections of the Vocational Rehabilitation Act, and related statutory and other responsibilities;

(e) That the Rehabilitation Services Administration arrange for an objective, in-depth study of its own organizational structure aimed at upgrading its administrative effectiveness, particularly in program development at the State and local levels.

12. CONTINUATION OF THE NATIONAL CITIZENS ADVISORY COMMITTEE ON VOCATIONAL REHABILITATION

Federal Legislative Action

We recommend:

(a) That the National Citizens Advisory Committee on Vocational Rehabilitation or its equivalent be established by statute as a permanent advisory group to the Rehabilitation Services Administration, and that the membership represent a broad spectrum of both lay and professional interest in vocational rehabilitation;

(b) That such a committee be staffed and supported in a manner which will assure effective evaluation of vocational rehabilitation programs at all levels—Federal, State, and local.

13. NEW PATTERNS OF SERVICE

State, Local or Voluntary Action

We recommend:

(a) That State vocational rehabilitation offices be decentralized and dispersed in major population centers to provide service in neighborhoods where disabled people live and that, as a minimum, the casefinding and initial evaluation functions be performed at neighborhood branch offices;

(b) That vocational rehabilitation agencies take the initiative to establish one-stop, multiservice centers in ghettos and other areas where the incidence of disability is high, and that these be capable of providing services on an instantaneous basis;

(c) That vocational rehabilitation agencies employ a vastly increased number of rehabilitation aides (bilingual if necessary) from the neighborhoods where service is to be provided;

(d) That vocational rehabilitation agencies establish mobile teams of rehabilitation specialists who can take appropriate professional rehabilitation services directly to the disabled in rural areas;

(e) That State rehabilitation agencies adopt to the widest extent possible many of the newer administrative devices and techniques that have proven effective in cutting down delays and enhancing the quality of service.

14. REHABILITATION FACILITIES AND WORKSHOPS

Federal Legislative Action

The Committee recommends:

(a) That the Technical Assistance program (1) be extended to all rehabilitation facilities which need such assistance on a short term basis, (2) be financed from Section 13 grant funds (rather than from the Salaries and Expenses appropriation), without the $100 limitation on the daily fees paid to expert consultants;

(b) That the Vocational Rehabilitation Act be amended to clarify and simplify the provisions relating to rehabilitation facilities, based upon a set of precise functional definitions of the various types of rehabilitation facilities.

Federal Executive, Administrative or Appropriation Action

We recommend:

(c) That the Rehabilitation Services Administration take steps to assure that the unique resources of rehabilitation facilities and workshops are available to the severely handicapped, including those persons whose lives are blighted by social, educational, and economic disadvantage;

(d) That the Rehabilitation Services Administration develop a single policy and uniform standards for all of its programs relating to the establishment and use of facilities;

(e) That the Rehabilitation Services Administration decentralize (1) decision-making in the facilities programs to the regional office level, as rapidly as experience is gained, standards are established, and staff in the regional offices becomes available, and (2) assignment of technical consultants under the Technical Assistance program, which should be delegated to the regional offices immediately;

(f) That statewide planning for rehabilitation facilities be consolidated so there would be only one State plan for facilities. One possible approach would be to combine the planning activities under the various HEW authorities. State plans would be updated and revised annually and would be approved by the Rehabilitation Services Administration and the Public Health Service. Grants should be provided to State vocational rehabilitation agencies to pay 90 percent of the cost of consolidated planning in the facilities area.

15. TRAINING OF PERSONNEL

Federal Legislative Action

We recommend:

(a) That the Rehabilitation Services Administration seek legislative authority for (1) extension of training to nationals of other countries and the conduct of training programs outside the limits of the United States, comparable to the present authority for research projects and interchange of experts; and, (2) Federal grants to universities and colleges for construction of training facilities in the United States.

Federal Executive, Administrative or Appropriation Action

We recommend:

(b) That Federal funds for overall support of training grant programs be increased sharply beginning with the fiscal year 1969, and including (1) an increase in stipend levels for trainees, and (2) an increase in site visits;

(c) That efforts be made to encourage and facilitate the interchange of personnel between State and Federal vocational rehabilitation agencies, between university faculty members and rehabilitation programs of service, demonstration and research, and between rehabilitation counseling students (particularly for internships at the doctoral level) and central office and regional offices of the Rehabilitation Services Administration;

(d) That a comprehensive study be undertaken of the staff development programs of State vocational rehabilitation agencies (now funded from a variety of grants under various sections of the Vocational Rehabilitation Act), including review of the present formula for distribution of the funds appropriated for Section 4(a)(1) grants for inservice training;

(e) That the Rehabilitation Services Administration continue to encourage State agencies to use funds granted for administrative expenses to provide paid educational leave and released time for professional growth and development of their employees;

(f) That training materials of all kinds be increased in amount and improved in quality;

(g) That to attract larger numbers of able people into the rehabilitation field, the Rehabilitation Services Administration should: (1) develop an effective network of communications between suppliers and users of trained rehabilitation personnel which will provide complete, current, and objective data regarding the nature of job opportunities and qualifications of those seeking employment, with special provision for intensive recruitment among minority and economically deprived groups and for a more intensive job of preparing larger numbers of disabled clients of State rehabilitation agencies for careers in the rehabilitation professions; (2) prepare in greater number and variety recruitment materials such as brochures, films, TV shorts, radio spots, exhibits, occupational briefs and related methods of interpreting the roles of rehabilitation personnel, and make these materials more attractive to young people and to the general public; (3) develop additional programs of summer vacation experience in rehabilitation settings for high school and college students, to orient them to problems and capacities of disabled persons and for testing of career decisions; (4) encourage State and local chapters of professional associations and other recruitment resources to organize and function actively on a community basis involving direct contact with members of the professions; (5) devise methods of evaluating the relative effectiveness of various methods of recruiting; (6) develop new and better methods of interpreting the role of the rehabilitation counselor in terms of its breadth and variety of the services offered and its scope of responsibility; (7) develop recruiting efforts for graduate rehabilitation counselor education programs by utilizing more undergraduate social science faculty and college placement officers; (8) distribute literature regarding the various professions more widely to, and prepare materials especially for, school guidance counselors; (9) stimulate State vocational rehabilitation agency staffs to take an active part in recruiting for the field by the establishment of rewards for successful activity; (10) promote the use of volunteers in rehabilitation agencies as a means of strengthening the services provided, to promote employment opportunities in rehabilitation, and to improve community relationships; (11) experiment with methods of aiding mature women to return to, or enter work, following a period of homemaking, through opportunities for professional education or refresher training; (12) encourage faculty members of RSA-supported training projects to admit qualified handicapped individuals to their training programs and to assume leadership in assuring that the physical facilities and teaching methods are suitable for handicapped students; (13) stimulate the recruitment of personnel for teaching rehabilitation in institutions of higher education;

(h) That the preparation of personnel for work in interdisciplinary settings be encouraged and supported, with the training based on a core curriculum composed of knowledge related to practice in all fields, supplemented by additional content specific or unique to each field, plus content in the area of group dynamics, supervision, consultation and administration;

(i) That the following steps be taken to achieve general improvements in teaching methods: (1) provide instruction on a year-round basis; (2) increase the use of programed instruction, audiovisual aids and television; (3) provide opportunities for instruction of faculty members in teaching methods and in principles of curriculum design and construction; and (4) experiment with other devices for making the educational experience more productive;

(j) That there be more support for doctoral level training of personnel in all disciplines and professional fields, and especially a higher percentage in rehabilitation counseling;

(k) Support in general of the principles and suggestions for action published in *Increasing the Supply of Qualified Rehabilitation Counseling Personnel in State Vocational Rehabilitation Agencies: Guidelines for Action* (1966) and the following specific actions: (1) Raising salaries in State rehabilitation agencies and providing for a recognizable career ladder, rewarding education as well as experience; (2) making maximum use of professional staff by means of support personnel, such as aides or assistants, for provision of services not requiring full professional preparation; (3) placing greater emphasis on supervisory and middle management training, to strengthen State agency administration and improve services to the clientele; (4) encouraging the development of aide or assistant training programs in all professional fields, with the extent of local use dependent upon local need and availability of professional staff for their supervision after employment; (5) supporting the training of qualified teachers for aide or assistant training programs; and (6) encouraging State agencies to explore the use of indigenous aides as adjunct personnel in the rehabilitation process;

(l) That, recognizing the basic contribution which the physician makes to rehabilitation, the following steps be taken concerning his education: (1) Continue and intensify support of curriculum changes and teaching methods that will enable more undergraduate medical students to acquire an understanding of long-term illness, disability and principles of rehabilitation, including grants for faculty and related personnel, supporting services and traineeships for undergraduate medical students; (2) foster and support postgraduate courses for physicians in practice in all aspects of rehabilitation; (3) continue efforts to enhance the image of the specialist in rehabilitation medicine and to attract more physicians to this specialty; and (4) extend a greater measure of support than heretofore to residency training in other medical specialties of importance to rehabilitation such as orthopedic surgery, neurology and hand surgery;

(m) That there be a continuing examination and reappraisal of the evolving role and responsibilities of the rehabilitation counselor in the State vocational rehabilitation agency, and other settings in which he is employed, to determine the adequacy of his professional preparation and to develop the revisions in the educational process deemed necessary, making full use of the resources of the RSA in research, demonstration and training grants;

(n) That the Rehabilitation Services Administration include, in teaching grants to university rehabilitation counseling programs, funds for salaries of personnel to be assigned as field instructors of units of students assigned for periods of supervised experience in State vocational rehabilitation agencies, and to underwrite costs of training units in voluntary agencies;

(o) That financial support be provided for both preservice and inservice training for managerial and other personnel in rehabilitation workshops, together with strengthening the curriculum and improving methods of teaching, and for training programs for work evaluation;

(p) That efforts to recruit, train, and place professional personnel for providing rehabilitation services to deaf persons be intensified; that training to increase the skills of professional personnel in communicating with deaf persons be promoted; and that the Rehabilitation Services Administration training program for recruitment of vocational school teachers and for their training in both communication and technical skills be extended;

(q) That there be continued and expanded support for the preparation of mobility instructors for the blind and visually handicapped, plus expanded support of training of rehabilitation counselors in all phases of placement of blind persons in business enterprises, the professions, public service and other suitable occupations;

(r) That there be continued support of regional training centers for short-term training in mental retardation and of the Research and Training Centers in Mental Retardation;

(s) That financial and other support be provided to colleges and universities for preservice educational programs in rehabilitation and other helping services. Such educational programs should have a broad liberal arts base. In selecting colleges and universities for training grants for undergraduate education in rehabilitation and other helping services, preference should be given to relatively underdeveloped institutions which show promise of ability to make innovations in educational methods and which have close working relationships with institutions and agencies serving handicapped people.

16. RESEARCH AND DEMONSTRATIONS IN REHABILITATION

Federal Legislative Action

We recommend:

(a) That legislation be enacted to authorize the construction and staffing of rehabilitation research and training facilities in the United States.

Federal Executive, Administrative or Appropriation Action

We recommend:

(b) The continuation and extension of community-oriented research, especially in the cities, because of the many contributions it is making and can make to meet the problems of the handicapped and disadvantaged in the cities;

(c) That in addition to international rehabilitation research grants in countries with American-owned foreign currency considered excess to "normal" U.S. needs under Public Law 480, funds for research and for the exchange of experts be authorized and made available to the Social and Rehabilitation Service to be used in selected nonexcess-foreign currency countries of the world;

(d) That more United States dollars be made available for the international rehabilitation research and interchange program carried out in the excess-foreign currency countries;

(e) That research of the Social and Rehabilitation Service give very high priority to studies of the rehabilitation process, including continuing followup studies of rehabilitants;

(f) The strengthening of efforts to provide more rapid and effective translation of promising research into active service programs, including full support of the recently established Research Utilization Unit in the Social and Rehabilitation Service and the assignment of highly qualified staff from the many research fields involved in vocational rehabilitation to this Unit on a consultative basis at least;

(g) Grants for "change agents" in the State agencies to give full time to putting research findings into practice as widely as possible;

(h) That persons operating rehabilitation programs be consulted in the first planning stage of research projects, so that possible practical applications of the research may be outlined at the start, and that graduate students working on rehabilitation research have a period of internship in a rehabilitation service program or center to become more aware of the practical problems that need solving;

(i) The continuation and extension of cooperative research on rehabilitation of the handicapped in the agencies combined in the Social and Rehabilitation Service and with such other agencies as the Social Security Administration, the Office of Education, the Public Health Service, the Office of Economic Opportunity, the Bureau of Prisons, the Department of Labor, Department of Housing and Urban Development, and other appropriate agencies;

(j) An increase in the research staff (in both number and type) of the Social and Rehabilitation Service in order to improve the programing, the quality, and the utilization of research;

(k) That new methods for attracting promising graduate students to rehabilitation research be developed and tried;

(l) That the combining under one director of the new intramural research program in all the agencies of the Social and Rehabilitation Service (the former VRA, Welfare Administration, PHS Mental Retardation Division, the Children's Bureau and the Administration on Aging) be continued, and the operating and programing results carefully studied;

(m) That, to obtain the information needed for realistic plans, programs and budgets for the rehabilitation of handicapped persons, steps be taken to assure that questions concerning the type and duration of disability be included on each decennial census so that information on the numbers and categories of handicapped persons will be available for each State, city, and county and can be combined with such other census information as their age, sex, housing, education, and income level;

(n) That the necessary funds be made available to carry out a study in depth in one or more selected States which would develop and test methods for identifying and examining persons with limitations that handicap their employment or other major activity to find how many of them could profit from vocational rehabilitation services and hence, how many would be eligible for such services under the State rehabilitation programs;

(o) Continuation, expansion, and strengthening of the steps being initiated to develop information systems, and provision of the necessary additional staff and funds to develop these information systems so that the State programs for delivery of rehabilitation services, the programs for rehabilitation workshops and facilities, and the research and training programs can operate more effectively;

(p) That funds be made available for a continuing national study of persons who have received vocational rehabilitation services to obtain (1) adequate information with which to improve the effectiveness of the program, and (2) reliable figures on the costs and economic benefits of the program which are needed for effective planning and allocation of national and State resources;

(q) That there be a continuing increase in multidisciplinary projects in which components are contributed from the Rehabilitation Services Administration, the Children's Bureau, Administration on Aging, and welfare research branches within the Social and Rehabilitation Service, as well as from the Public Health Service, Office of Education, the Department of Labor, the Office of Economic Opportunity, and the Bureau of Prisons.

17. PUBLIC INFORMATION AND EDUCATION

Federal Executive, Administrative or Appropriation Action

We recommend:

(a) That a comprehensive public information and education plan be developed and carried out which brings into play governmental, voluntary and industry resources in concert, in a joint effort to reach and inform both the public and special groups concerning disability and rehabilitation;

(b) That the Advertising Council's plans to conduct a major national campaign directed to public education on disability and rehabilitation have the complete and unstinting support of the entire Department of Health, Education, and Welfare, and of the Social and Rehabilitation Service in particular;

(c) That the Social and Rehabilitation Service, Department of Health, Education, and Welfare (1) be the operating hub of a combined public-voluntary-industry effort, and (2) be so organized and staffed for its public information work that a national campaign can be conducted, using advanced techniques and mass media on a continuing and coordinated basis, in addition to provisions for the day-to-day responsibilities inherent in any governmental information program, and (3) be the working link between the Advertising Council campaign and the other elements of the total national campaign, working in coordination with the Office of Public Information, Department of Health, Education, and Welfare; the information programs of the Department's other agencies; the President's Committee on Employment of the Handicapped; and others;

(d) That the guidance and help of an outstanding public relations firm or advertising agency be secured by the Social and Rehabilitation Service to advise on the development of communications materials and methods in the various required fields;

(e) That a special plan and program be developed to reach the practicing physicians of this country and to secure their active involvement in seeing that their patients who sustain severe disabilities are brought into appropriate rehabilitation programs promptly;

(f) That a national contest be organized and conducted for the best material written and published or produced on disability and rehabilitation, with a substantial monetary award for the best presentation in each of three fields—TV-radio, newspapers, and magazines—along with appropriate professional recognition of the winners;

(g) That special provision be made in such an intensified information program to convey effectively the results of research advances;

(h) That there be a carefully conceived and executed public information program for recruiting young people to careers in professional rehabilitation work;

(i) That the Social and Rehabilitation Service proceed with present plans for a national conference on rehabilitation to be held in the early spring of 1969;

(j) That special attention be given to much more regular and improved use of trade and technical journals.

State, Local or Voluntary Action

We recommend:

(k) That all State Directors of Vocational Rehabilitation review their present public information activities and set new goals for themselves in educating the public to disability and rehabilitation, including provisions for functioning within the framework of a carefully thought out and well executed State information program;

(l) That State vocational rehabilitation agencies be asked to accept a further and specific responsibility for effectively reaching all medical practitioners in their individual States by laying out and conducting a special program designed solely to meet the needs and interests of the doctor (with Social and Rehabilitation Service support through technical aid and special materials needed by the States).

APPENDIX A

SUBCOMMITTEES OF THE NATIONAL CITIZENS ADVISORY COMMITTEE ON VOCATIONAL REHABILITATION

DATA SUBCOMMITTEE

Members: W. Scott Allan, *Chairman*
Arthur M. Weimer, Ph. D.

Charge: To assess suitability and validity of national, State, and local data on disabling conditions and on the effect of rehabilitation, and to make recommendations on steps to be taken for the collection of more pertinent data.

EDUCATION, RECRUITMENT AND TRAINING SUBCOMMITTEE

Members: Brother Boniface Joseph, F.S.C., *Chairman*
Hester Turner, Ed. D.
John E. King, Ph. D.

Charge: To study staffing needs in rehabilitation professions and make recommendations on actions necessary to bring manpower supply in line with demand.

EMPLOYMENT SUBCOMMITTEE

Members: Edgar J. Forio, *Cochairman*
William Kuhl, Ph. D., *Cochairman*
W. Scott Allan
Jacqueline M. Smith

Charge: To identify barriers that interfere with employment of the disabled and to make recommendations on actions needed to overcome these barriers in order to open up more employment opportunities for the disabled.

FACILITIES AND WORKSHOPS SUBCOMMITTEE

Members: Arthur M. Weimer, Ph. D., *Chairman*
Benigno Hernandez
Burt L. Risley

Charge: To assess the impact of the 1965 legislation (Public Law 89-333) on the ability of workshops and facilities to meet expanding needs over the next few years, and to make recommendations on program needs beyond 1968.

PUBLIC INFORMATION SUBCOMMITTEE

Members: Leonard Goldenson, *Cochairman*
William P. Hobby, *Cochairman*
Mary Semans
Beatrice Burns

Charge: To make recommendations on how to make the most effective use of communication techniques to make the vocational rehabilitation program better known to physicians and other professional groups having initial contact with disabled people; to the general public, civic groups, employers, labor unions, etc.; and to disabled people in need of rehabilitation.

ORGANIZATION AND COMMUNITY RELATIONS SUBCOMMITTEE

Members: Howard A. Rusk, M.D., *Cochairman*
Alfred Slicer, *Cochairman*
W. Scott Allan
Burt L. Risley
Jacqueline M. Smith

Charge: To consider what organizational or administrative changes might be made in vocational rehabilitation programs, and in the relationships between vocational rehabilitation agencies and other agencies offering services to the handicapped, in order to bring about maximum coordination of rehabilitation services and make them more readily available to all who need them.

RESEARCH SUBCOMMITTEE

Members: Howard A. Rusk, M.D., *Chairman*
Mary Semans
Arthur M. Weimer, Ph. D.

Charge: To consider the on-going research activities of the Vocational Rehabilitation Administration, including the international research program; to make recommendations on steps needed to continue development in vocational rehabilitation research, and to get research results into action programs.

APPENDIX B

PARTICIPANTS IN MEETINGS OF THE SUBCOMMITTEES OF THE NATIONAL CITIZENS ADVISORY COMMITTEE ON VOCATIONAL REHABILITATION

Martin H. Acker, Ph. D.
Associate Professor and Coordinator
Vocational Rehabilitation Counselor Training Programs
University of Oregon
Eugene, Oreg.

John Affeldt, M.D.
Medical Director
Department of Charities
Los Angeles, Calif.

Russell Albrecht
Director, Detroit League for the Handicapped
Detroit, Mich.

Preston Amermon
Director of Personnel
Detroit Edison Co.
Detroit, Mich.

Dill D. Beckman, Ph. D.
Director, Vocational Rehabilitation Department
Columbia, S.C.

Roy Bell
Head, Safety and Public Affairs
Hughes Aircraft Co.
International Airport Station
Los Angeles, Calif.

Monroe Berkowitz
Chairman, Department of Economics
Rutgers University
College of Arts and Sciences
New Brunswick, N.J.

Owen Bernstein
Consultant, Economic Opportunity Program
Community Council of Greater New York
New York, N.Y.

Ruth Bond
Guidance Coordinator and Curriculum Director
Wheeler County Board of Education
Alamo, Ga.

Wilbur C. Bradshaw
President, Fresno Asphalt & Paving Co.
Fresno, Calif.

John Brady
Michigan Mutual Liability Insurance Co.
Rehabilitation Department
Detroit, Mich.

Henry Brock
Michigan Mutual Liability Insurance Co.
Rehabilitation Department
Detroit, Mich.

Phillip Buskirk
Director, Santa Clara County Economic Opportunity Commission
San Jose, Calif.

Leo Cain, Ph. D.
President, California State College, Dominguez Hills
Palos Verdes Peninsula, Calif.

Eugene Calderone
Assistant to the President, Borough of the Bronx
Bronx, N.Y.

Arthur Carstens
Administrator, Labor Program
Institute of Industrial Relations
University of California
Los Angeles, Calif.

James Chiles
Pennsylvania Bureau of Vocational Rehabilitation
Philadelphia State Office Building
Philadelphia, Pa.

Frances P. Connor, Ed. D.
Professor and Chairman
Department of Special Education
Teachers College
Columbia University
New York, N.Y.

Lt. Col. Elizabeth Davies
U.S. Army, Retired
Bethesda, Md.

Addison Duval, M.D.
Director, Division of Mental Health
Georgia Department of Public Health
Atlanta, Ga.

Wellborn R. Ellis
Administrator, Fulton County Department of Family and Children's Services
Atlanta, Ga.

Theodore Ellsworth
Labor Program
Institute of Industrial Relations
University of California
Los Angeles, Calif.

Edward A. Fitting
State Supervisor, Office of Services for the Blind
Department of Social Services
Lansing, Mich.

Stefan Florescu
President, National Association of the Physically Handicapped
Lincoln Park, Mich.

Robert Forbes
Michigan AFL–CIO
Detroit, Mich.

Joel Fort, M.D.
Director, Center for Special Problems
San Francisco, Calif.

Janet Pinner Friedman
Director, Special Placement Services
New York State Department of Labor
Division of Employment
New York, N.Y.

Mary C. Gillis
Social Service Branch Chief
Division of Hospitals
U.S. Public Health Service
Washington, D.C.

Paul C. Glick, Ph. D.
Assistant Chief, Population Division
Bureau of the Census
Washington, D.C.

Thomas Gucker, M.D.
Director, Rehabilitation Unit
Orthopedic Hospital
Los Angeles, Calif.

Jasper Harvey, Ph. D.
Chairman, Department of Special Education
College of Education
University of Alabama
University, Ala.

John C. Harvey, M.D.
Associate Professor
Johns Hopkins University
School of Medicine
Baltimore, Md.

Max Horton
Deputy Director, Michigan Employment Security Commission
Detroit, Mich.

Floyd Hunter
President, Social Science Research and Development Corporation
Berkeley, Calif.

Kenneth O. Johnson, Ph. D.
Executive Secretary, American Speech and Hearing Association
Washington, D.C.

Lenore Karpelowsky
Regional Training Consultant
Division of Vocational Rehabilitation
Department of Rehabilitation
Los Angeles Central Region
Los Angeles, Calif.

Arthur H. Korn
Chief, Section on Handicapped Worker Problems
Wage and Hour and Public Contracts Division
U.S. Department of Labor
Washington, D.C.

Louis Levine
Deputy Industrial Commissioner of Labor
New York, N.Y.

Adrian Levy
Assistant Commissioner
Division of Vocational Rehabilitation
Albany, N.Y.

Ellis C. MacDougall
Director, Department of Corrections
Columbia, S.C.

Ronald McGovern
Rehabilitation Counselor
New Jersey Rehabilitation Commission
Northfield, N.J.

Harold L. McPheeters, M.D.
Associate Director for Mental Health, Training and Research
Southern Regional Education Board
Atlanta, Ga.

Sherwood A. Messner
Director, Services Section (Medical-Scientific)
United Cerebral Palsy Association, Inc.
New York, N.Y.

Robert Michem
Michigan Employment Security Commission
Detroit, Mich.

Ivy Mooring, Ph. D.
Director, Mental Retardation Services
Board of Los Angeles County
Los Angeles, Calif.

George C. O'Neill, Ph. D.
Professor, City College and City University
New York, N.Y.

Marshall Pease, Jr.
Vice President, Detroit Edison Co.
Detroit, Mich.

Ralph A. Peckham
Director, Division of Vocational Rehabilitation
Department of Public Instruction
Lansing, Mich.

Kenneth P. Porter
Research Director
Employers Association of Detroit
Detroit, Mich.

John S. Prickett, Jr.
Director, Division of Vocational Rehabilitation
Atlanta, Ga.

Milton Rector
Director, National Council on Crime and Delinquency
New York, N.Y.

O. E. Reece
Assistant Commissioner
Department of Education
Division of Vocational Rehabilitation
Nashville, Tenn.

Ernest F. Richards
Executive Secretary to the Governor's Committee on Employment of the Handicapped
Nashville, Tenn.

Herbert Rusalem, Ph. D.
Research Consultant
Industrial Home for the Blind
Brooklyn, N.Y.

Isadore Salkind
Director, Rehabilitation Workshop Management, Personnel Training Program
University of San Francisco
San Francisco, Calif.

George Saslow, M.D.
Director, Psychiatric Internship Program for Rehabilitation Counselors
University of Oregon Medical School
Portland, Oreg.

Robert A. Scott, Ph. D.
Assistant Professor of Sociology
Princeton University
Princeton, N.J.

David Wayne Smith, Ph. D.
Coordinator, Rehabilitation Counselor Program
University of Arizona
Tucson, Ariz.

S. D. Steiner, M.D.
Corporation Medical Director
General Motors Corp.
Detroit, Mich.

Warren Thompson
Director, Department of Rehabilitation
Sacramento, Calif.

Cyril Tyson
Deputy Administrator for Community Relation
Human Resources Administration
Office of the Mayor
New York, N.Y.

Dexter Ware
Vice President, J. L. Hudson Co.
Detroit, Mich.

Doyle Wheeler
Director, Vocational Rehabilitation Division
Texas Education Agency
Austin, Tex.

O. F. Wise
Director, Division of Rehabilitation and Crippled Children
Montgomery, Ala.

Theodore D. Woolsey
Director, National Center for Health Statistics
Public Health Service
Department of Health, Education, and Welfare
Washington, D.C.

APPENDIX C

RESPONDENTS TO THE COMMITTEE'S LETTERS OF INQUIRY

Martin H. Acker, Ph. D.
Associate Professor and Coordinator
Vocational Rehabilitation Counselor Training Programs
University of Oregon
Eugene, Oreg.

Paul R. Ackerman
Assistant Executive Secretary
Council for Exceptional Children
Washington, D.C.

Guilda M. Albert
Program Consultant
Rehabilitation Field Program Services Division
National Tuberculosis Association
New York, N.Y.

Russell G. Albrecht
Director, Detroit League for the Handicapped
Detroit, Mich.

T. S. Allegrezza
Executive Director
Curative Workshop of Milwaukee
Milwaukee, Wis.

Joseph P. Anderson, A.C.S.W.
Executive Director
National Association of Social Workers, Inc.
New York, N.Y.

Jack D. Arnold, M.D.
Director, Prosthetic-Orthotic Education
Northwestern University Medical School
Chicago, Ill.

Gary T. Athelstan, Ph. D.
Research Psychologist
Commission on Education in Physical Medicine and Rehabilitation
American Rehabilitation Foundation
Minneapolis, Minn.

Frederick G. Atkinson
Vice President for Corporate Personnel
R. H. Macy & Co., Inc.
New York, N.Y.

John W. Bagwill
Consultant
Cone Mills Corp.
Greensboro, N.C.

Nelson G. Ball
Goodyear Tire & Rubber Co.
Office of the Vice President
Akron, Ohio

R. Kenneth Barnes
Assistant State Superintendent in Vocational Rehabilitation
Baltimore, Md.

M. Robert Barnett
Executive Director
American Foundation for the Blind, Inc.
New York, N.Y.

Walter E. Barton, M.D.
Medical Director
American Psychiatric Association
Washington, D.C.

Robert A. Batten, Jr.
Chief, Vocational Rehabilitation Division
Concord, N.H.

George A. Bell
Director of Research
The Council of State Governments
Chicago, Ill.

E. Paul Benoit, Ph. D.
Project Director
Comprehensive Planning Program
Government of the District of Columbia
Department of Vocational Rehabilitation
Washington, D.C.

Daniel Bergsma, M.D.
Director, Medical Department
The National Foundation
New York, N.Y.

Maurice Bernstein
Director of Community Planning
Council of Jewish Federations and Welfare Funds, Inc.
New York, N.Y.

Maurice E. Berthiaume
Manager, Industrial Relations
The Arrow Co.
Cluett Peabody & Co., Inc.
Troy, N.Y.

L. W. Binger
Director, Personnel Services
Minnesota Mining & Manufacturing Co.
St. Paul, Minn.

Bertram J. Black
Executive Director
Altro Health & Rehabilitation Services, Inc.
New York, N.Y.

John W. Black, Ph. D.
Professor, Department of Speech
The Ohio State University
Columbus, Ohio

Lucy Blair
Executive Director
American Physical Therapy Assn.
New York, N.Y.

Donald Blasch
Director, Blind Rehabilitation Programs
Western Michigan University
Center for Orientation and Mobility of the Blind
Kalamazoo, Mich.

G. D. Bradley
Vice President
Industrial Relations
The Garrett Corp.
Los Angeles, Calif.

General Omar N. Bradley, USA Ret.
Chairman of the Board
Bulova Watch Co., Inc.
New York, N.Y.

John F. Brady
Executive Director
Industrial Home for the Blind
Brooklyn, N.Y.

Valerie Brakel
State Supervisor, Services for the Blind
Seattle, Wash.

Mason Brandon
Director, Services for the Blind Section
Department of Public Welfare
Nashville, Tenn.

James M. Bridgman
Vice President
Burroughs Corp.
Industrial Relations
Detroit, Mich.

Charles C. Brown
Director, Rehabilitation Services
State Commission for the Blind
Portland, Oreg.

Herbert R. Brown
Director, Vocational Rehabilitation Service
New York State Department of Social Welfare
Commission for the Blind and Visually Handicapped
Albany, N.Y.

Norman H. Bruce, M.D.
Company Physician
Raytheon Co.
Lexington, Mass.

G. D. Carnes, Ph. D.
Project Director
Rehabilitation Counselor Education
The University of Texas
College of Education
Department of Special Education
Austin, Tex.

Terrence E. Carroll
Director, National Institutes on Rehabilitation and Health Services
Washington, D.C.

William E. Castle, Ph. D.
Associate Secretary for Research and Scientific Affairs
American Speech and Hearing Association
Washington, D.C.

Milton Chernin
Dean, School of Social Welfare
University of California
Berkeley, Calif.

L. S. Cherry
Grand President
National Fraternal Society of the Deaf
Oak Park, Ill.

Marion E. Clark
Director, Services for the Visually Impaired
State Capitol Building
Lincoln, Nebr.

Clifford M. Clarke
Executive Vice President
Associated Industries of Georgia
Atlanta, Ga.

Charles C. Cleland
Associate Professor
Research Director
VRA Research and Training Center in Mental Retardation
Austin, Tex.

R. C. Coleman
Employment Manager
Eastern Air Lines, Inc.
Miami International Airport
Miami, Fla.

Robert G. Collier
Associate Director for Employee Benefits
Great Atlantic & Pacific Tea Co., Inc.
National Personnel & Industrial Relations Department
New York, N.Y.

J. Richard Connelly
Executive Director
American Diabetes Association, Inc.
New York, N.Y.

Richard W. Corbridge
Chief, Division of Vocational Rehabilitation
Department of Education
Government of Guam
Agana, Guam

John J. Corcoran
Director, The American Legion
Rehabilitation Commission
Washington, D.C.

William T. Coppage
Director, Virginia Commission for the Visually Handicapped
Richmond, Va.

Stanley J. Cyran, M.D.
Medical Director
Pennsylvania Railroad Co.
Philadelphia, Pa.

C. Anthony D'Alonzo, M.D.
Medical Director
E. I. duPont de Nemours & Co.
Wilmington, Del.

E. Lyman D'Andrea
Administrator, Rhode Island Division of Services for the Blind
Providence, R.I.

Lt. Col. Elizabeth Davies
Bethesda, Md.

Joseph Davis
President, AFL–CIO
Washington State Labor Council
Seattle, Wash.

Robert T. P. deTreville, M.D.
Managing Director
Industrial Hygiene Foundation of America, Inc.
Mellon Institute
Pittsburgh, Pa.

John William Devereux (Mrs.)
Honolulu, Hawaii

Benjamin J. Dorsky
President, AFL–CIO
Maine State Federated Labor Council
Bangor, Maine

George H. Dunteman, Ph. D.
Acting Coordinator of Research
Regional Rehabilitation Research Instiute
College of Health Related Professions
University of Florida
Gainesville, Fla.

Charles L. Eby
Director, Bureau of Vocational Rehabilitation
Labor and Industry Building
Harrisburg, Pa.

John W. Edgerton
Public Relations Director
W. T. Grant Co.
New York, N.Y.

Karl Egerman, Ph. D.
Director, Research and Training Center in Vocational Rehabilitation
University of Pittsburgh
Johnstown, Pa.

George Fellendorf
Executive Director
Alexander Graham Bell Association of the Deaf, Inc.
Washington, D.C.

J. S. Felton, M.D.
Professor of Occupational Health
University of California
The Center for the Health Sciences
Los Angeles, Calif.

John W. Ferree, M.D.
Executive Director
National Society for the Prevention of Blindness, Inc.
New York, N.Y.

Gerald H. Fisher, Ed. D.
Director, Arkansas Rehabilitation Research and Training Center
Hot Springs, Ark.

Sidney Fishman, M. D.
Coordinator, Prosthetics and Orthotics, New York University Post-Graduate Medical School
New York, N.Y.

Edward Fitting
Supervisor, Services for the Blind
Department of Social Services
Lansing, Mich.

Alexander Fleischman
President, National Congress of Jewish Deaf
Greenbelt, Md.

William C. Fleming, M.D.
Director, Rehabilitation Research and Training Center
University of Alabama
Birmingham, Ala.

Ned Freeman
First Vice President
American Council of the Blind
Conyers, Ga.

Thorold S. Funk
Director, State of West Virginia
Vocational Rehabilitation Division
State Board of Vocational Education
Charleston, W. Va.

Mervin D. Garretson
President, Council of Organizations Serving the Deaf
Silver Spring, Md.

August W. Gehrke
Assistant Commissioner for Rehabilitation and Special Education
St. Paul, Minn.

Robert G. Gibson
Secretary-Treasurer
Illinois State Federation of Labor and Congress of Industrial Organizations
Chicago, Ill.

R. H. Gloss
Vice President and Secretary
National Forest Products Association
Washington, D.C.

Robert C. Goodpasture
Vice President-General Manager
National Industries for the Blind
New York, N.Y.

Shirley J. Gordon, R.N.
Director, Research & Statistics Department
American Nurses Association, Inc.
New York, N.Y.

John O. Graham
Commissioner, Department of Public Welfare
Phoenix, Ariz.

Donald W. Grant
Personnel Director
American Dental Association
Chicago, Ill.

Frank S. Greenberg
Chief of Client Services
Morgan Memorial
Boston, Mass.

Bobby G. Greer
Assistant Director of Program Operation
ERIC Clearinghouse for Exceptional Children
The Council for Exceptional Children
Washington, D.C.

S. G. Gregory
Director of Personnel Services
Borg-Warner Corp.
Chicago, Ill.

Michael M. Guariglia
State Director
Department of Education
Vocational Rehabilitation Division and Disability Determinations Unit
Carson City, Nev.

Mark Hale
Director, The Jane Addams Graduate School of Social Work
University of Illinois
Urbana, Ill.

Howard H. Hanson
State Director, Services to the Blind and Visually Handicapped
Pierre, S. Dak.

Charles E. Harvey
Director, Iowa Union Rehabilitation Project
Des Moines, Iowa

Harry E. Hayes
Director, Services for the Blind
State Department of Social Welfare
Topeka, Kans.

Frances Helmig, OTR
Executive Director
American Occupational Therapy Association, Inc.
New York, N.Y.

Beatrice Holderman
Director, New Jersey Rehabilitation Commission
Trenton, N.J.

M. W. Holdship
State Director, Division of Vocational Rehabilitation
Phoenix, Ariz.

Louis Hollander
President, Sidney Hillman Health Center
Vice President, Amalgamated Clothing Workers of America
Manager, New York Joint Board, ACWA
Secretary-Treasurer, New York State AFL–CIO
New York, N.Y.

Thomas R. Hood, M.D.
Deputy Executive Director
The American Public Health Association, Inc.
New York, N.Y.

Henry F. Howe, M.D.
Director, Department of Occupational Health
American Medical Association
Chicago, Ill.

Kenneth F. Huff
President, Registry of Interpreters for the Deaf
Wisconsin School for the Deaf
Delavan, Wis.

James F. C. Hyde, Jr.
National President
Blinded Veterans Association
Washington, D.C.

Verne T. Inman, M.D., Ph. D.
Director, Biomechanics Laboratory
University of California School of Medicine
San Francisco Medical Center
San Francisco, Calif.

Kenneth O. Johnson, Ph. D.
Executive Secretary
American Speech and Hearing Association
Washington, D.C.

Ray L. Jones
Project Director
San Fernando Valley State College
Department of School Administration and Supervision
Northridge, Calif.

Andrew Kalmykow
Counsel, American Insurance Association
New York, N.Y.

Harry Kaufer
Executive Director
Jewish Employment and Vocational Service
St. Louis, Mo.

Henry H. Kessler, M.D.
Kessler Institute for Rehabilitation
West Orange, N.J.

Merle Kidder
State Director, North Dakota Division of Vocational Rehabilitation
Bismark, N. Dak.

R. W. Kirbey
Executive Director
Braille Institute of America, Inc.
Los Angeles, Calif.

Russell Kletzing
Secretary, National Federation of the Blind
Sacramento, Calif.

Joseph Kohn
Executive Director, Commission for the Blind
Newark, N.J.

Charles Kram, Ph. D.
Executive Director
Epilepsy Foundation
Washington, D.C.

Frank H. Krusen, M.D.
Professor of Physical Medicine and Rehabilitation
Temple University
Health Sciences Center
Philadelphia, Pa.

Elizabeth J. Kuck
Supervisor, Personnel Policies and Procedures
International Harvester Co.
Chicago, Ill.

Lee H. Lacey
Executive Director
Harmarville Rehabilitation Center
Pittsburgh, Pa.

W. A. Lacke
Director of Wage and Salary Administration
Continental Can Co., Inc.
New York, N.Y.

Sam M. Lambert
Assistant Executive Secretary for Information Services
National Education Association
Washington, D.C.

Sylvia Lawry
Executive Director
National Multiple Sclerosis Society
New York, N.Y.

Bernard Lazerwitz
Director of Research Program
National Jewish Welfare Board
New York, N.Y.

Martin Leshner, Ph. D.
Director of Research
Physical Medicine and Rehabilitation Research and Training Center #8
Temple University
Philadelphia, Pa.

George A. Letchworth
Research Specialist
Vocational Rehabilitation Division
State Board for Vocational Education
Oklahoma City, Okla.

Jeanne Levey
President, National Parkinson Foundation
Miami, Fla.

Jasha Levi
Director, Production and Research
Recording for the Blind, Inc.
New York, N.Y.

Edna S. Levine, Ph. D.
Director, Rehabilitation Research and Training Center for the Deaf
School of Education
New York University
New York, N.Y.

Alton Linford
Dean, School of Social Service Administration
University of Chicago
Chicago, Ill.

Glenn T. Lloyd
The University of Tennessee
College of Education
Department of Special Education and Rehabilitation
Knoxville, Tenn.

Lawrence N. Loban
Supervisor-Training
Crown Zellerbach Corporation
San Francisco, Calif.

Lloyd H. Lofquist
Professor, Department of Psychology
College of Liberal Arts
University of Minnesota
Minneapolis, Minn.

Katherine D. Lower
Director, Bryn Mawr College
Graduate Department of Social Work and Social Research
Bryn Mawr, Pa.

Paul Lustig, Ph. D.
Director, Training Program for Workshop Personnel
University of Wisconsin
Madison, Wis.

Howard G. Lytle
Executive Director
Indianapolis Goodwill Industries, Inc.
Indianapolis, Ind.

W. Alfred McCauley
Executive Director
National Rehabilitation Counseling Association
Washington, D.C.

H. Kenneth McCollam
Director, Board of Education and Services for the Blind
Hartford, Conn.

Robert W. McDonald, A.C.S.W., Ph. D.
Project Director, Rehabilitation Research Institute
School of Social Work
University of Washington
Seattle, Wash.

William O. McGill
Executive Director
Chicago Lighthouse for the Blind
Chicago, Ill.

Parnell McLaughlin, Ed. D.
Director, Department of Rehabilitation
Denver, Colo.

William M. McPhee, Ph. D.
Director, Regional Rehabilitation Research Institute
Graduate School of Social Work
University of Utah
Salt Lake City, Utah

Marty Mann (Mrs.)
Executive Director
National Council on Alcoholism, Inc.
New York, N.Y.

Reuben J. Margolin, Ph. D.
Chairman, Department of Rehabilitation and Special Education
Northeastern University
Boston, Mass.

Earl W. Mason
Research Chairman
Association for Physical and Mental Rehabilitation, Inc.
Louisville, Ky.

Geneva Mathiasen
Executive Director
The National Council on the Aging
New York, N.Y.

Berwyn F. Mattison, M.D.
Executive Director
American Public Health Association
New York, N.Y.

Sedwick Mead, M.D.
President, American Academy for Cerebral Palsy
California Rehabilitation Center
Vallejo, Calif.

Sister Maria Mercedes, S.S.N.D.
Director of Information and Research
National Conference on Catholic Charities
Office of the Secretary
Washington, D.C.

George R. Merrill, Ph. D.
Associate Professor
Director, Rehabilitation Research Institute
College of Education
University of Maryland
College Park, Md.

Paul Miller
President, Gannett Newspapers
Times-Union Building
Rochester, N.Y.

Elmer L. Mitchell
Director, Vocational Rehabilitation Division
Department of Education
Augusta, Maine

M. R. Montilla
Assistant to the Administrator
Youth and Adult Corrections Agency
Sacramento, Calif.

Elizabeth H. Morrison
Administrator, Rehabilitation Services Branch for the Blind and Visually Handicapped
Department of Social Services
Honolulu, Hawaii

Edward J. Moriarty
Director, Bureau of Vocational Rehabilitation
Columbus, Ohio

Clyde E. Mott
Director, Seattle Hearing and Speech Center, Inc.
Seattle, Wash.

Claude A. Myer
Acting State Director
Division of Vocational Rehabilitation
Department of Public Instruction
Raleigh, N.C.

Henry J. Nebe
Administrator, Delgado College
Vocational Rehabilitation Center
New Orleans, La.

Barbara E. Neuhaus, OTR
Educational Consultant in Recruitment
American Occupational Therapy Association
New York, N.Y.

Hayes A. Newby, Ph. D.
Director, Division of Speech Pathology and Audiology
Stanford University School of Medicine
Stanford Medical Center
Palo Alto, Calif.

Vernon L. Nickel, M.D.
Medical Director
Rancho Los Amigos Hospital
Downey, Calif.

Nathan B. Nolan
Administrator, Georgia Rehabilitation Center
Warm Springs, Ga.

W. M. Nordgaard
Director of Admissions and Records
North Dakota State School of Science
Wahpeton, N. Dak.

Brian O'Connell
Executive Director
National Association for Mental Health, Inc.
New York, N.Y.

Robert B. O'Connor, M.D.
Vice President—Health Services
United States Steel Corporation
Pittsburgh, Pa.

Lawson A. Odde
Executive Vice President
American Hotel and Motel Association
New York, N.Y.

E. M. Oliver
Assistant State Superintendent for Vocational Rehabilitation
Olympia, Wash.

Ann Oltman
Project Director
Careers in Rehabilitation
National Society for Crippled Children and Adults
Chicago, Ill.

Robert P. Overs, Ph. D.
Research Coordinator
Curative Workshop of Milwaukee
Milwaukee, Wis.

Herbert J. Oyer, Ph. D.
Chairman, Department of Speech
Michigan State University
East Lansing, Mich.

Howard J. Parad
Director, School for Social Work
Smith College
Northampton, Mass.

Joseph A. Pauza
Administrator, Pennsylvania Rehabilitation Center
Johnstown, Pa.

Ralph A. Peckham
Assistant Superintendent for Vocational Rehabilitation
Department of Education
Lansing, Mich.

W. J. Pedicord
International Business Machines Corp.
Armonk, N.Y.

James S. Peters, II, Ph. D.
Director, Connecticut Division of Vocational Rehabilitation
Hartford, Conn.

Thomas F. Policastro
President, AFL–CIO
Rhode Island
Providence, R.I.

Stephen B. Preston
Assistant Director
Program Development
Vocational Rehabilitation Division
State Board of Vocational Education
Charleston, W. Va.

Stephen P. Quigley
Professor, Institute for Research on Exceptional Children
University of Illinois
Urbana, Ill.

Jack L. Ranney
Executive Secretary
International Association of Laryngectomies
New York, N.Y.

Burt L. Risley
Executive Director
State Commission for the Blind
Austin, Tex.

Louis H. Rives, Jr.
President, American Association of Workers for the Blind, Inc.
Washington, D.C.

Charles L. Roberts
Executive Director
Association of Rehabilitation Centers, Inc.
Evanston, Ill.

Martin C. Rosenthal, M.D.
Medical Director
The National Hemophilia Foundation
New York, N.Y.

Herrick S. Roth
President, AFL–CIO
Colorado Labor Council
Denver, Colo.

Stanley D. Roth
President, American Instructors of the Deaf
Kansas School for the Deaf
Olathe, Kans.

Jeri Rougagnac
Executive Director
Houston-Harris County Lighthouse for the Blind
Houston, Tex.

Herbert Rusalem, Ph. D.
Research Consultant
National Hemophilia Foundation
New York, N.Y.

Helen C. Rush, R.N.
Executive Director
American Association of Industrial Nurses, Inc.
New York, N.Y.

Harold Russell
Chairman, The President's Committee on
Employment of the Handicapped
Washington, D.C.

Clayton D. Ruyle
Aerospace Industries Association of
America, Inc.
Washington, D.C.

Kuniji Sagara
Administrator, Department of Social Services
Division of Vocational Rehabilitation
Honolulu, Hawaii

Isadore Salkind
Director, Rehabilitation Workshop
Management Program
University of San Francisco
College of Business Administration
San Francisco, Calif.

Peter J. Salmon
Administrative Vice President
Industrial Home for the Blind
Brooklyn, N.Y.

Michael Sampson
Business Manager
Utility Workers Union of America
Local 1-2, AFL-CIO
New York, N.Y.

Harry Sands, Ph. D.
Director of Program
Epilepsy Association of America, Inc.
New York, N.Y.

George P. Sawyer
Manager of Medical Services
Liberty Mutual Insurance Co.
Boston, Mass.

W. A. Scharffenberg
Executive Director
National Committee for the Prevention
of Alcoholism
Washington, D.C.

William A. Scherff
Managing Director
National Braille Press, Inc.
Boston, Mass.

Norma Scott
Director of Patient Programs
Institute for the Crippled and Disabled
New York, N.Y.

John H. Seeton
Secretary, Pennsylvania Manufacturers
Association
Philadelphia, Pa.

A. R. Shands, Jr., M.D.
Medical Director
Alfred I. duPont Institute of the
Nemours Foundation
Wilmington, Del.

Vivian Sheppard
Executive Director
The Rehabilitation Institute
Kansas City, Mo.

Arthur A. Siebens, M.D.
Director, Rehabilitation Center
University of Wisconsin Medical Center
Madison, Wis.

Willard B. Simmons
Executive Secretary
National Association of Retail Druggists
Chicago, Ill.

Alfred Slicer
Director, Division of Vocational
Rehabilitation
Springfield, Ill.

Lawrence Smedley
Assistant Director, Department of
Social Security
American Federation of Labor—Congress
of Industrial Organizations
Washington, D.C.

Arthur I. Smith
Secretary, Committee on Clinical Investigation
The American Academy of General Practice
Kansas City, Mo.

David Wayne Smith
Director, Rehabilitation Center
University of Arizona
Tucson, Ariz.

Otho H. Smith
Director, Woodrow Wilson Rehabilitation Center
Fishersville, Va.

James E. Smittkamp
Executive Director
National Paraplegia Foundation
Chicago, Ill.

Sanford Solender
Executive Vice President
National Jewish Welfare Board
New York, N.Y.

Jayne B. Spain
President, The Alvey-Ferguson Co.
Cincinnati, Ohio

Harry J. Spar
Assistant Director
The Industrial Home for the Blind
Brooklyn, N.Y.

Donald R. Sparkman, M.D.
Director, Regional Medical Program
University of Washington
Seattle, Wash.

Sidney G. Spector
Director, Patient Service and Research Department
Muscular Dystrophy Associations of America, Inc.
New York, N.Y.

Harold Stanzler, Chairman
Rhode Island Governor's Committee on Employment of the Handicapped
Collyer Insulated Wire Co.
Providence, R.I.

M. D. Steer, Ph. D.
Head, Department of Audiology and Speech Sciences
Purdue University
Lafayette, Ind.

Herman D. Stein
Dean and Professor of Social Work
School of Applied Social Sciences
Western Reserve University
Cleveland, Ohio

S. D. Steiner, M.D.
Medical Director
General Motors Corp.
Detroit, Mich.

Theodor D. Sterling, Ph. D.
Professor, Department of Applied Mathematics and Computer Science
School of Engineering
Washington University
St. Louis, Mo.

Cynthia Stokes
Assistant Director
Division of Public Assistance
State Department of Public Welfare
Madison, Wis.

Luther W. Stringham
Executive Director
National Association for Retarded Children
New York, N.Y.

Joseph Stubbins, Ph. D.
Program Director
Rehabilitation Counseling
California State College at Los Angeles
School of Education
Los Angeles, Calif.

Anthony C. Suazo
Executive Director, National Association of Sheltered Workshops and Homebound Programs
Washington, D.C.

F. B. Sullivan
Grand Secretary-Treasurer
National Fraternal Society of the Deaf
Oak Park, Ill.

Marvin B. Sussman, Ph. D.
Office of the Chairman
Department of Sociology and Anthropology
Western Reserve University
Cleveland, Ohio

Harold A. Taylor
Supervisor of Services for the Blind
Department of Public Assistance
Boise, Idaho

Jacobus tenBroek
President, National Federation of the Blind
Berkeley, Calif.

Leo Teplow
Vice President, Industrial Relations
American Iron and Steel Institute
New York, N.Y.

T. W. Tewksbury
Personnel Staff Assistant
Sears, Roebuck and Co.
Chicago, Ill.

R. Paul Thompson
Executive Secretary
American Association of Instructors of the Blind, Inc.
Washington, D.C.

Stuart G. Tipton
President, Air Transport Association of America
Washington, D.C.

Charles B. Truaz, Ph. D.
Research Director
Associate Professor
Department of Psychology
Arkansas Rehabilitation Research and Training Center
University of Arkansas
Fayetteville, Ark.

Eugene T. Turney, Jr.
President and Board Chairman
Anodyne, Inc.
North Miami Beach, Fla.

Arthur L. Voorhees
Specialist in Rehabilitation
American Foundation for the Blind
New York, N.Y.

Peter J. Wacks
Vice President
Industrial Relations
Bell Aerosystem Co.
Buffalo, N.Y.

Harry V. Wall, Ph. D.
Chairman, Department of Special Education
California State College at Los Angeles
Los Angeles, Calif.

Wilma L. West
Consultant, Occupational Therapy
Children's Bureau
Welfare Administration
Department of Health, Education, and Welfare
Washington, D.C.

Robert H. Whitstock
Administrative Assistant
The Seeing Eye, Inc.
Morristown, N.J.

E. B. Whitten
Executive Director
National Rehabilitation Association
Washington, D.C.

Sumner Whittier
Executive Director
National Society for Crippled Children and Adults
Chicago, Ill.

Fred T. Wilhelms
Associate Secretary
National Association of Secondary School Principals
Washington, D.C.

John J. Wilkinson, Sr.
Secretary-Treasurer
International Brotherhood of Boilermakers, Iron Shipbuilders, Blacksmiths, Forgers and Helpers
Kansas City, Kans.

Robert W. Will
Executive Director
Minneapolis Rehabilitation Center
Minneapolis, Minn.

Russell C. Williams
Chief, Blind Rehabilitation
Department of Medicine and Surgery
Veterans Administration
Washington, D.C.

Donald V. Wilson
President, Leonard Wood Memorial
American Leprosy Foundation
New York, N.Y.

John D. Wilson, M.D.
President, Indiana Academy of General Practice
Evansville, Ind.

William G. Winchell
Assistant Director
Rehabilitation Facilities and Workshops
West Virginia Rehabilitation Center, Sheltered Workshop
Institute, W. Va.

Robert R. Wippel
Project Director
Division of Public Health, Mental Health Section
Alcoholic Offender Rehabilitation Project
Portland, Oreg.

Charles S. Wise, M.D.
Director, Rehabilitation Research and Training Center
George Washington University
Washington, D.C.

Anne Woolf, Ph. D.
Research Director
Regional Research Institute
Vocational Rehabilitation Institute
University of Oklahoma
Norman, Okla.

Norman M. Yoder
Commissioner, Office for the Blind
Department of Public Welfare
Harrisburg, Pa.

Photo Credits: American Telephone and Telegraph Company, Children's Bureau, Federation Employment and Guidance Service, Industrial Home for the Blind, Institute of Rehabilitation Medicine, Rehabilitation Institute of Chicago, Rehabilitation Services Administration, Texas Institute of Rehabilitation and Research, The Washington Post.

We are a humane nation and we are a nation of businessmen. Yet we violate the principles of humanity and business when we continue to permit large numbers of Americans to languish in the shadow of a serious handicap which could be mastered. Both the conscience and the purse suffer when men and women who could be self-reliant and productive are consigned to futility and dependency.

U.S. GOVERNMENT PRINTING OFFICE : 1968 O—306-412